

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County *Jackson*  
Township *Paris*  
City *Little Blue*

Registration District No. *400*  
Primary Registration District No. *5553B*

File No. *18487*  
Registered No. *103*

## 2. FULL NAME

*Betsie Melford*  
(a) Residence, No. *1501 S. Pleasant* St.,  
(Usual place of abode)

Ward. *4th 320*  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 21-1905*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*32 8 20*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Mechanic*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Garage*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prosperity, Missouri*

13. NAME *Betsie, Louis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Duport, Missouri*

15. MAIDEN NAME *Hoyton, Marie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ormsco, Missouri*

17. INFORMANT (ADDRESS) *Mrs. John Bowdridge, 901 Hazard, Independence - Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woodlawn* DATE *May 13 1938*

19. UNDERTAKER *Cato & Speaks Funeral Home* (ADDRESS) *Independence, Mo. 72*

20. FILED *May 5 1938* *William J. Fields* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-11-1938*

22. I HEREBY CERTIFY, That I attended deceased from *May 10 1938* to *May 11 1938*

I last saw him alive on *May 11, 1938*. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

*Gunsht wound abd*  
*Infective pneumonia*

Other contributory causes of importance:

Name of operation *Laparotomy* Date of *5-10-38*

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *homicide* Date of injury *5-10-1938*

Where did injury occur? *1501 S. Pleasant*

Specify whether injury occurred in industry, in home, or in public place.

*Home*

Manner of injury *Gunsht wound abd*

Nature of injury *Gunsht wound abd*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. H. ...*, M. D.

(Address) *Independence, Mo.*

*312*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

