

DEC'D AUG 11 1938

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

24838
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 799
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Bethel, 340
(a) Residence, No. 1301 Buchanan Avenue, St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James G. Bethel,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,

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

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) Brookfield, Missouri,

FATHER

13. NAME David O'Brien

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

MOTHER

15. MAIDEN NAME Catherine Caulfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

17. INFORMANT (ADDRESS) Mrs Frank Bussie Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE August 2, 1938

19. FUNERAL DIRECTOR (ADDRESS) Heaton, B. Gale & Bowman 319 So. 10th. Str. Funeral Home

20. FILED Aug 2 1938 H. J. Northrup Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/24 1938 to 7/31 1938
I last saw him or her alive on July 31 19..... Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
g. H. M.
Date of onset 7/24/38

Other contributory causes of importance:
Arterio-sclerosis
Hypertension

Name of operation None Date of 7/31/38

What test confirmed diagnosis? Phys. exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Mr. H. J. Gally M. D.
(Address) Corby Bldg. St. Joseph, Mo.

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.

