

1938 OCT 25 1938

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

32802
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 5-66
(b) Township Long Prairie Primary Registration District No. 5762
(c) City Deerfield (d) Street No. _____ Registered No. 115
(e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Alexander Bethune 351
(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Bethune

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1870

7. AGE YEARS 67 MONTHS 11 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Charlottesville (STATE OR COUNTRY) Virginia

FATHER 13. NAME Robert Bethune

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

MOTHER 15. MAIDEN NAME Bethie Boyd

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

17. INFORMANT Charles Bethune (ADDRESS) Deerfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Sept 25 1938

19. FUNERAL DIRECTOR (NAME) Frank J. Jones (ADDRESS) Charleston Mo.

20. FILED 9-28-38 1938 F. S. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 A. m.

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

When I arrived this man had been dead for hours. I reviewed the physician and taking the history of their history of their heart and lungs. I had no other contributory causes of importance.

Name of operation _____ Date of operation _____
What test confirmed diagnosis Proton Was there an autopsy? No

23. If death was due to external cause (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) E. J. Williams, M. D.

(Address) Deerfield Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Thomas C Bass

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Thomas C Bass

Licensed Embalmer No.

3977

P. O. Address

Charleston Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.