

REC'D DEC 16 1938

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

Do not use this space.

39785

1. PLACE OF DEATH

64 County Marion  
Township Mason  
City Harrison (No. Lexington Hospital)

Registration District No. 547  
Primary Registration District No. 3029

File No. \_\_\_\_\_  
Registered No. 290  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Betty Heginbottom Betty Jean

(a) Residence No. 201 Sycamore St. \_\_\_\_\_  
(Usual place of abode)

(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 Female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 31, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hrs. or \_\_\_\_\_min.  
1

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

9. Industry or business in which work was done, as silk mill, 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) Harrison (STATE OR COUNTRY) Mo

13. NAME Gilbert Heginbottom

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

15. MAIDEN NAME Alice Harlow

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

17. INFORMANT Gilbert Heginbottom (ADDRESS) 201 Sycamore Harrison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hypocburg Cem. DATE 11-2-38, 1938

19. UNDERTAKER James O'Connell (ADDRESS) Harrison Mo

20. FILED Nov 1, 1938 H. C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1938, to Oct 31, 1938

I last saw him alive on Oct 9, 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Pneumonia 7 1/2 Mo.

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D. Harrison Mo

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

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.

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