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.

REC'D FEB 24 1939

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

Do not use this space.

2

1. PLACE OF DEATH

58 County Linn — Registration District No. 501 — File No. 2935

5 Township ~~Locust Creek~~ 1 — Primary Registration District No. 4304 — Registered No.

0 City Linneus (No. 1 , St. Ward)

2. FULL NAME 325 Garnett Johnson Betson

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Wilcox Betson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 18, 1883

7. AGE: YEARS 55 — MONTHS 11 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Jany 1939
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXXXX Indiana

FATHER

13. NAME: A. J. Betson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXXXXXX New York

MOTHER

15. MAIDEN NAME: Rubottom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXXXXX Indiana

17. INFORMANT (ADDRESS): Miss Maude Betson, Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem DATE 1/29/1939

19. UNDERTAKER (ADDRESS): Thorne Undertaking Co., Linneus, Missouri

20. FILED 2-8 1939 Maud T Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 27, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1938 to Jan 27, 1939

I last saw h. 1 m alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 1 P. m.

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

Coronary occlusion — Date of onset Jan 22 39

92 a

Other contributory causes of importance:

Mitral regurgitation

Name of operation Date of

What test confirmed diagnosis? 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) J. K. Dixon, M. D.

(Address) Linneus Mo

RECEIVED

[illegible] Health Officer No. 10

[illegible] File Number 10-39-94

Date Filed FEB 9 1939