RECD APR 24 1939

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

Do not use this space.

File No. 12518

Registered No.

1. PLACE OF DEATH
City ..... No. ..... St. ..... Ward)
County Shelby
Township Black Creek
Registration District No. 831
Primary Registration District No. 6092

2. FULL NAME Frank Dimmitt Bethards

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

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) (STATE OR COUNTRY) Shelby Co. Mo.

FATHER

13. NAME Kin Bethards

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo

MOTHER

15. MAIDEN NAME Annie Eliza Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dorchester Michigan

17. INFORMANT (ADDRESS) Ray Bethards Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mussinic Cemetery DATE Mar 13, 1939

19. UNDERTAKER (ADDRESS) E. P. Thompson Shelbyville, Mo.

20. FILED Mar 13 1939 Pearl Gue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 - 1939 to Mar. 12, 1939
I last saw him alive on Mar 11, 1939. 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:

	Date of onset
Progressing muscular atrophy	Feb. 38

Other contributory causes of importance: 8/8

Name of operation None Date of
What test confirmed diagnosis? None 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) R. C. Graham, M. D.
748 (Address) Shelbyville, 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.

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

MARG. RESERVED FOR BINDING

U. S. R. 2
100M-11-24-39

RECEIVED
District Health Officer No. 10
District File Number 10-39-747
Date Filed APR 13 1939