

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

Do not use this space.

1. PLACE OF DEATH 2  
 County Mississippi 566 Registration District No. 1  
 Township Rywappity 5762 Primary Registration District No. 3  
 City Charleston (No. 3) St. 143 Ward

2. FULL NAME 340 Leon Bethel  
 (a) Residence, No. Charleston St.          Ward.           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Color</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Roberta Bethel</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug. 4, 1895</b>			
7. AGE	YEARS <b>44</b>	MONTHS <b>4</b>	DAYS <b>25</b>
If LESS than 1 day, ..... hrs. or ..... min.			
OCCUPATION	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. <b>Day laborer</b>		
	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) <b>Lee County, Arkansas</b>			
MOTHER FATHER	13. NAME <b>Ed Bethel</b>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mississippi</b>		
	15. MAIDEN NAME <b>Mattie Brooks</b>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Philips County, Arkansas</b>		
17. INFORMANT (ADDRESS) <b>Alfred Davis (Col) So. Green St. Charleston, Mo.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mounds City, Ill. DATE 1-2-40</b>			
19. UNDERTAKER (ADDRESS) <b>Lair-Nunnelee Charleston, Mo. 744</b>			
20. FILED <b>12-29-39</b>			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-29-39**

22. I HEREBY CERTIFY, That I attended deceased from View Inquest to         , 1939  
 I last saw h.          alive on         , 1939 Death is said to have occurred on the date stated above, at 8:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
**Mitral Insufficiency**  
**Died Suddently**  
 Date of onset         

Other contributory causes of importance: **None**

Name of operation View Inquest Date of           
 What test confirmed diagnosis?          Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 1939  
 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) Frank A. Vannoy M. D.  
 (Address) Charleston, Mo. Co.

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2  
 FORM-10-22-38  
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RECEIVED

District Health Officer No. 2<sub>n</sub>

District File Number 140-465

Date Filed 1-3