

WED FEB 17 1941

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

3503
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 591
(b) Township Middleton Primary Registration District No. 4249
(c) City Middleton (d) Street No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 70

2. PRINT FULL NAME

EZEKIAH, WASHINGTON BETHEL
(a) Residence, No. Middleton St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Delia Ann Bethel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1866
7. AGE YEARS 79 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.
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.
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) Montgomery Co Mo

13. NAME David Bethel

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

15. MAIDEN NAME Sarah Oden

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

17. INFORMANT (ADDRESS) W. C. Bethel
Montgomery Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Middleton DATE Jan 20 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Kline
Middleton Mo

20. FILED Jan-30 1941 Leah Rigg
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1941 to Jan 29 1941.
I last saw her alive on Jan 28 1941. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza
Date of onset Jan 15
Other contributory causes of importance: Chronic Interstitial Nephritis

Name of operation supra Date of no
What test confirmed diagnosis? Wm. 27 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 no
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) A. Busch M. D.
(Address) Middleton

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.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.