

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

Do not use this space.

13929

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 1018 Ridenbaugh St.

File No.

Registered No. 511

St.

Ward)

2. FULL NAME

Christian Betzer

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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 Betzer

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

Feb. 1, 1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.

67

2

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(13 yrs.)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Buchanan Co., Mo.

10. NAME OF FATHER

Christian Betzer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

Louise Himpf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

Mrs. Mary Betzer

(Address)

1018 Ridenbaugh St.

15.

FILED

16 1929

John L. W.

REGISTERED

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 14, 1929

19

I HEREBY CERTIFY, That I attended deceased from January 17, 1929 to April 13, 1929.
That I last saw him alive on Apr. 13, 1929, and that death occurred, on the date stated above, at 1:35 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Larynx

93C 44B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Ch. hypertension (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONCERNED DIAGNOSIS?

(Signed)

Frank H. Hagan, M. D.

Apr 15, 1929 (Address) Lincoln St. Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Memorial Park Cemetery

DATE OF BURIAL

Apr. 16, 1929

20. UNDERTAKER

Walter Meierhoffer

1302

ADDRESS

Faraon St.

WHITE, FAIRLY, 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.

