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

Do not use this space.
Hollingsworth
891

1. PLACE OF DEATH
County Henry — Registration District No. 347
Township Clinton — Primary Registration District No. 3018
City Clinton (No. ..... St. ..... Ward) — File No. ..... Registered No. 175

2. FULL NAME Betty Beaver

(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 ..... yrs. ..... 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)
Female	Black	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-4-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	5	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dependent
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Camp Bessel
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT Robert B Wilkinson
(Address) Kansas City Mo

15. FILED 2/3, 19 30 Dr. E.C. Keeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/31 1930.

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 19 30, to 1/31, 19 30, that I last saw h.. alive on 1/20, 19 30, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
① Cerebral Hemorrhage
② Terminal Pneumonia
92.A
111.B (duration) ..... yrs. 1 mos. 20 ds.
CONTRIBUTORY (SECONDARY) Terminal Pneumonia (duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Hyperpyrexia

(Signed) R. S. Hollingsworth M. D.
, 19 (Address)

*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	DATE OF BURIAL
Clinton, Mo	2-2 1930
20. UNDERTAKER	ADDRESS
Sims-Wilkinson Mo.	Clinton, 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.