

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kear
City St. Louis (No. St. Joseph's Hospital)

Registration District No. 399Primary Registration District No. 1007File No. 9484

Registered No. _____

2. FULL NAME Betty Jean Hollandsworth

(a) Residence, No. Clinton, Missouri St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7 1 17

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Mr. Ray Hallingsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

15. MAIDEN NAME Rutha Dewitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clinton, Mo. DATE Mar. 9, 1937

19. UNDERTAKER Concealuz & Peck
(ADDRESS) Clinton, Mo.

20. FILED Mar. 9, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-5-37, 19, to 3-9-37, 19.

I last saw her alive on 3-9-37, 19. Death is said to have occurred on the date stated above, at 6:38 m.

The principal cause of death and related causes of importance were as follows:

Pneumococcal Pneumonia Date of onset _____
Empyema - Pneumococcus

Other contributory causes of importance:
None
(Not tuberculous or traumatic)

Name of operation _____ Date of _____
What test confirmed diagnosis: Pulposy 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 _____, 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? _____

If so, specify _____

(Signed) Russell W. Peck M. D.

(Address) St. Louis

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.

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