

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

Do not use this space.

20965

1. PLACE OF DEATH

County Jackson
Township Washington
City Dexter

Registration District No. 404
Primary Registration District No. 1518

File No. _____
Registered No. 97
St. _____ Ward _____

2. FULL NAME

Infant Verne Bettes Jr.

(a) Residence. No. 7909 Prospect 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

no

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21-1928

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
no no 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Verne Bettes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mildred Cross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Mildred Cross
(Address) 7909 Prospect

15. FILED 6-11-28 J. P. Lindsay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/8-28 to 6/10-28

(that I last saw him alive on 6/10-28, and that death occurred, on the date stated above, at 10-15 P. m.)

THE CAUSE OF DEATH WAS AS FOLLOWS:

Edema of heart
chronic Endocarditis

1590
1611 1 week (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cyanosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1590 B
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. C. Slaughter, M. D.

6/11/28, 1928 (Address) 4605 Indep Ave

*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

Korest Hill Cem June 12 1928

20. UNDERTAKER ADDRESS

A. P. Doehler 1415 E 15-

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.

