

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Callaway

Registration District No. 104

Township

Primary Registration District No. 3008

City Fulton (No.)

File No. 18733

Registered No. 152

2. FULL NAME Dillman, Bettie E.

(a) Residence, No. 103 Adams, Jeffersons City, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 D. K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 6 5

8. Trade, profession, or particular kind of work done, as seamstress, sawyer, bookkeeper, etc. housewife

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City, Mo. DATE May 11, 1936

19. UNDERTAKER (ADDRESS) John J. Heindel Jefferson City, Mo.

20. FILED May 21, 1936 R. N. Crews Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1936 to May 9, 1936

I last saw her alive on May 9, 1936. Death is said to have occurred on the date stated above, at 9:15 A. M.

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

Manic Exhaustion Date of onset D. K.

Other contributory causes of importance: Bronchopneumonia 5/8/36

Name of operation Date of
What test confirmed diagnosis? 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 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? No
If so, specify

(Signed) T. S. Lepp, M. D.
(Address) Fulton Missouri

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.

