

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018AFile No. 7916Registered No. 32Near City Farmington, Mo.

(No. _____)

St. _____

Ward _____

2. FULL NAME Bettie Louise Garlick Stites(a) Residence, No. St. Louis, Mo. 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

Female

4. COLOR OR RACE

White

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

Widowed

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

Charles W. Stites6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 9, 1867

7. AGE

YEARS

69

MONTHS

1

DAYS

25

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) Broome County New York13. NAME Samuel O. Garlick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broome County New York15. MAIDEN NAME Alice Gilbert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutchess County New York17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lake Benton, Minn. DATE Feb. 6, 193719. UNDERTAKER Larry Mullen
(ADDRESS) St. Louis, Missouri20. FILED Feb 5 - 1937 J. Robinson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 193722. I HEREBY CERTIFY, That I attended deceased from January 10, 1937, to February 4, 1937I last saw her alive on February 3, 1937. Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Arteriosclerosis, generalized and marked

Date of onset

?

Other contributory causes of importance:

Psychosis with Cerebral Arteriosclerosis, 12/10/36?
Bronchopneumonia, terminal 2/3/37Name of operation None Date of _____What test confirmed diagnosis? Clinical 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) C. C. Ault, M. D.(Address) Farmington, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

