

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

Do not use this space.

Ferry

1. PLACE OF DEATH

County Washburn
Township Stevada
City Stevada (No.)

Registration District No. 875
Primary Registration District No. 6162

File No. 26791
Registered No. 173
St. Ward

2. FULL NAME Maymie Adovisa Betterton

(a) Residence No. U. St. Hosp # 3 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 3 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Barry Co. Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Eli Lockwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo
12. MAIDEN NAME OF MOTHER Aly Whittington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

14. INFORMANT White Hospital Record
(Address) Nevada Mo.

15. Filed 8-6-29 19. 29 Ed King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1929, to July 15, 1929 that I last saw her alive on July 15, 1929, and that death occurred, on the date stated above, at 3:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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904 1010
labor pneumonia
(duration) yrs. mos. 1 1/2 ds.

CONTRIBUTORY (SECONDARY) Maric ykaustion
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J.H. Martin, M. D.
19/5, 1929 (Address) Nevada Mo

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL Monett Mo DATE OF BURIAL 7/16/1929

20. UNDERTAKER Henry Funeral Home Nevada
ADDRESS

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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RECORD OF DEATHS IN THIS IS A PERMANENT RECORD

