

WAR 28 1930

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

Do not use this space.

6263

1. PLACE OF BIRTH  
County Central Registration District No. 189  
Township Central Primary Registration District No. 6033B  
City St. Louis (No.     ) St.      (Ward     )  
File No.       
Registered No. 41

2. FULL NAME Nora J. Bethel  
(a) Residence No. 5255 Helen St.,      Ward.       
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 11 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 Tilmon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-24-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 8 9          

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer)       
(c) Name of employer     

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER Margaret Steele

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Edna Haverford  
St. Louis, Mo.

15. FILED 2/6 1930 Jella Gray M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1930, to Feb. 5, 1930 that I last saw her alive on Feb. 4, 1930, and that death occurred, on the date stated above, at 2:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chr. Myocarditis  
93C.  
177B (duration) not known yrs. mos. ds.  
CONTRIBUTORY Chronic Cholecystitis  
(SECONDARY) (duration) not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 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? Physical Findings  
(Signed) Albert Hall, M. D.

(Address) 5322 Helen

\*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 Stamilton Illinois DATE OF BURIAL Feb 6 1930

20. UNDERTAKER Wm. Huntman ADDRESS Stamilton Ill

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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