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

Do not use this space.

File No. 29559

Registered No. 14

1. PLACE OF DEATH
County Wayne
Township Black River
City Chaonia (No. ..... St. ..... Ward)

Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Betty Lee Vanover

(a) Residence. No. Chaonia 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: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1-1927

7. AGE: Years 1 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Chaonia
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER J. E. Vanover

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

12. MAIDEN NAME OF MOTHER Rachel Green

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

14. INFORMANT H. D. Vanover
(Address) Chaonia Mo.

15. FILED Aug 17, 1928 Mrs. Hattie McGhee, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Aug 17, 1928 (that I last saw ~~h~~ alive on Aug 14, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery or Flux

13C
119B

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... 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? None

(Signed) J. B. Price, M. D.
Aug 17, 1928 (Address) Williamsville, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chaonia — DATE OF BURIAL Aug 18 1928

20. UNDERTAKER A. W. Green, Poplar Bluff, Mo — 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.