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.

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

Do not use this space.

36823

1. PLACE OF DEATH REC'D NOV 15 1939

County Pemiscot — Registration District No. 653 — File No.

Township — Primary Registration District No. 4390 — Registered No. 90

City Hayti (No. , St. Ward)

2. FULL NAME Betty Jane Ferrell 640

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15 1939

7. AGE: YEARS 0 — MONTHS 7 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant
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): Hayti Mo.

FATHER
13. NAME: Evain Ferrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hayti Mo.

MOTHER
15. MAIDEN NAME: Ollie Clayton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bernie Mo.

17. INFORMANT (ADDRESS): Evain Ferrell, Hayti Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayti Mo. DATE 10/22/39 19

19. UNDERTAKER (ADDRESS): none

20. FILED 10/22 1939 Pearl Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1939, to Oct 18, 1939
I last saw her alive on Oct 18, 1939. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

Enterocolitis — Date of onset 9/27/39

119 b

Other contributory causes of importance:

Name of operation None — Date of
What test confirmed diagnosis? Symptoms — 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) W. R. Limbaugh M. D.
(Address) Hayti, Mo.

RECEIVED
District Health Officer No. 3,
District File Number 1139-656
Date Filed 11-10-89