JUL 27 1928

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

Do not use this space.

21762

1. PLACE OF DEATH
County St Louis
Township Carondelet
City
Registration District No. 1123
Primary Registration District No. 6248 E
(No. 125 E. Mary Ave St. Ward)
File No.
Registered No. 200

2. FULL NAME Betty Jean Hadsell
(a) Residence. No. 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1928
7. AGE Years 0 Months 1 Days 2 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thomas Hadsell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lillian Mary Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bowling Green
(STATE OR COUNTRY) Missouri

14. INFORMANT Thomas Hadsell
(Address) 125 E Mary Ave

15. FILED June 18, 1928 L. C. Obrock, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1928
17. I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 15, 1928, that I last saw her alive on June 15, 1928, and that death occurred, on the date stated above, at 10 45 p m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
155 Peritonitis caused by Erysipelas
129 (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Erysipelas Jumbilicus
(duration) yrs. mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Waldo Hill, M.D.
, 19 (Address) Jefferson Bks R8 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 Mount Hope
DATE OF BURIAL 6/18 1928
20. UNDERTAKER C Hoffmeister U & Co
ADDRESS 7814 So Bdwy

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.