

22 1928

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

Do not use this space.

35799

1. PLACE OF DEATH

County Stoddard  
Township Richland  
City Betty (No. 1)

Registration District No. 839  
Primary Registration District No. 6101

File No.             
Registered No. 56  
Sl.            Ward           

2. FULL NAME

Betty Jane Townsend

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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) Aug. 18, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
           2 1           

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) Hotchkiss  
(STATE OR COUNTRY)           

PARENTS

10. NAME OF FATHER James Townsend  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Del.  
(STATE OR COUNTRY)             
12. MAIDEN NAME OF MOTHER Myrt Williams  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)             
(STATE OR COUNTRY)           

14. INFORMANT Jas. Townsend  
(Address) Haystack Mo

15. FILED 10/24 19 28 J P B Rawdon  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1928

17. I HEREBY CERTIFY That I attended deceased from            19            19             
           that I last saw her alive on 10-19, 1928, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Infantile Marasmus  
15 (duration) 1 week da.

CONTRIBUTORY (SECONDARY)            (duration)            yrs.            mos.            da.

18. WHERE WAS DISEASE CONTRACTED home  
IF NOT AT PLACE OF BIRTH           

9 DID AN OPERATION PRECEDE DEATH?            DATE OF           

WAS THERE AN AUTOPSY?           

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. P. Brawdon, M. D.  
          , 19            (Address) Haystack 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 Ashhill Cem. DATE OF BURIAL 10-20 1928

20. UNDERTAKER            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.

