107

MAY 2 1929

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

Do not use this space.

13580

1. PLACE OF DEATH
County Texas
Township Sherrill
City ..... (No. ..... St. ..... Ward)
Registration District No. 868
Primary Registration District No. 6149
File No. .....
Registered No. 105

2. FULL NAME Betty June Ogden
(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) Mar 28, 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, 3 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) Sherrill
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Harry Ogden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Licking
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Lorene Nickless
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Mrs J. M. Nickless
(Address) Sherrill Mo

15. FILED 3/29, 1929 G. R. Reed
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1929, to Mar 28, 1929 that I last saw her alive on Mar 28, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth

159

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

CONTRIBUTORY (SECONDARY) 161a

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. R. Reed, M. D
3/29, 1929 (Address) Licking 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 Zion Cemetery
DATE OF BURIAL Mar 29 1929

20. UNDERTAKER Licking Hdw Co
ADDRESS Licking Mo

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.