JUL 23 1929

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

Do not use this space.

20813

1. PLACE OF DEATH
County: Butler — Registration District No.: 88
Township: Neely — Primary Registration District No.: 5130
City: ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 19

2. FULL NAME: Lela May Hearren
(a) Residence. No. Neelyville 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: 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): Dec. 14, 1926

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
2	5	26	

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): Knobel
(STATE OR COUNTY): Arkansas

PARENTS
10. NAME OF FATHER: Frank Hearren
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Naylor
(STATE OR COUNTY): Missouri
12. MAIDEN NAME OF MOTHER: Stella Whitaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): West Plains
(STATE OR COUNTY): Missouri

14. INFORMANT: Frank Hearren
(Address): Neelyville Mo.

15. FILED 6. 10, 1929. R. L. Turner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 9, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to June 9, 1929, that I last saw h. alive on June 8, 1929, and that death occurred, on the date stated above, at 9 00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Tonsillitis
115 A
3 D
..... (duration) ..... yrs. ..... mos. 14 ds.
CONTRIBUTORY (SECONDARY): Septic Infection
..... (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No Laboratory test
(Signed) R. L. Turner, M. D.
6. 10, 1929 (Address) Neelyville, 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: Roberts Cemetery — DATE OF BURIAL: 6. 10. 1929
20. UNDERTAKER: Friends & neighbors. — 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.

PERMANENT RECORD