

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Chambers
City Yellville (No.)Registration District No. 744
Primary Registration District No. 4496File No. 28782
Registered No. 12
St. Ward)

2. FULL NAME

(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) Child5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-27-297. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
1 0 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hutchinson
(STATE OR COUNTRY) Kansas10. NAME OF FATHER Wm. De Witt11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co. Mo.
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Nellie Spences13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co. Mo.
(STATE OR COUNTRY)14. INFORMANT Mrs. Nellie De Witt
(Address) Yellville Mo.15. FILED 8-26-30 J. Davidson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-20 193017. I HEREBY CERTIFY, That I attended deceased from 8-24 to 8-25 1930
that I last saw her alive on 8-24, 1930 and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery.12cCONTRIBUTORY (SECONDARY) None(duration) ✓ yrs. ✓ mos. 14 ds.(duration) ✓ yrs. ✓ mos. ✓ ds.18. WHERE WAS DISEASE CONTRACTED State Mo
IF NOT AT PLACE OF DEATHDID AN OPERATION PRECEDE DEATH? no DATE OF ✓WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Lab. Exam(Signed) J. Davidson, M. D.
8-25-30 (Address) Yellville 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 DATE OF BURIAL

Ridge Park Cemetery 8-26-30

20. UNDERTAKER ADDRESS

Hill Brothers State

