

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.

SEP 25 1931

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

Do not use this space.

32313

1. PLACE OF DEATH

County *St. Francois*
Township *Randolph*
City *Desloge* (No.)

Registration District No. *779*
Primary Registration District No. *6024A.*

File No.
Registered No.
St. Ward)

2. FULL NAME

Bettie Louisa St. Gemmel

(a) Residence, No. *Desloge Mo.* St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Child*
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 4-1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
10 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desloge Mo.*

FATHER 13. NAME *Clifford St. Gemmel*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desloge Mo.*

MOTHER 15. MAIDEN NAME *On Grace Cook*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Desloge Mo.*

17. INFORMANT (ADDRESS) *Clifford St. Gemmel Desloge Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Parkview* DATE *Sept. 7-1931*

19. UNDERTAKER (ADDRESS) *C. J. Bayer Desloge Missouri*

20. FILED *9-5-1931* *R. B. Dahl* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 5-1931*

22. I HEREBY CERTIFY, That I attended deceased from *9-1-1931*, to *9-5-1931*. I last saw her alive on *9-5-1931*. Death is said to have occurred on the date stated above, at *7 a. m.*

The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteritis Date of onset *8-28-31*
11913 119
Other contributory causes of importance *Nothing - Bottle Fed.*

Name of operation *None* Date of
What test confirmed diagnosis? Was there an autopsy? *No.*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *R. B. Dahl* M. D.
(Address) *Desloge Mo.*

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