

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.

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot
Township Concord
City..... (No.) St. Ward.....

Registration District No. 45-3
Primary Registration District No. 58645

File No. 38513
Registered No. 131

2. FULL NAME Billie Jean Rettig

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20, 1931</u>		
7. AGE	YEARS	MONTHS
		8
		11
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>none</u>
	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) <u>Hayti, Mo.</u>		
FATHER	13. NAME <u>Paul Messer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Christine Rettig</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Frank Rettig, Hayti, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dequon Cem.</u> , DATE <u>11-2-</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Hugh G. Harris, Hayti, Mo.</u>		
20. FILED <u>11-2-</u> 19 <u>31</u> <u>J.W. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1931, to Nov. 1, 1931
I last saw her alive on Nov. 1, 1931. Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:
Dys-calitis
119 1/19

Date of onset 10/28/31

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? No
If so, specify.....
(Signed) J.W. Johnson M. D.
(Address) Hayti, Mo.

