

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.

MAY 22 1933

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

Do not use this space.

12908

1. PLACE OF DEATH
County Gasconade Registration District No. 302
Township Blair Primary Registration District No. 4181
City Blair (No.) St. Ward

2. FULL NAME Armona Dean Ferrell
(a) Residence, No. 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Blair Mo (STATE OR COUNTRY) Mo

13. NAME Loel Ferrell

14. BIRTHPLACE (CITY OR TOWN) Marion Co Mo (STATE OR COUNTRY) Mo

15. MAIDEN NAME Jewel Berlisch

16. BIRTHPLACE (CITY OR TOWN) Blair Mo (STATE OR COUNTRY) Mo

17. INFORMANT Loel Ferrell (ADDRESS) Blair Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grove Dale DATE Apr 30, 1933

19. UNDERTAKER Mrs. Deakin (ADDRESS) Blair Mo

20. FILED 5-1 1933 Blair Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1933, to Apr 30, 1933.
I last saw her alive on Apr 30, 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Premature birth
Date of onset 159
Other contributory causes of importance: 159

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 , 19
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) C. A. Bunge, M. D.
(Address) Blair Mo

