

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

Do not use this space.

27234

**1. PLACE OF DEATH**

County Pemscott Registration District No. 1044  
 Township Little Prairie Primary Registration District No. 53128  
 City Wardell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Bettie June Overman  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred all life yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-22-1932</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>1</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blytheville Ark</u>		
13. NAME <u>T. D. Overman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee Henderson Co</u>		
15. MAIDEN NAME <u>Anna Medlin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee Blount</u>		
17. INFORMANT (ADDRESS) <u>T. D. Overman Wardell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wardell Mo</u> DATE _____ 19____		
19. UNDERTAKER (ADDRESS) <u>W. H. Dentors</u>		
20. FILED <u>7-10-33 Op &amp; Wells</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-5-, 1933 to 8-17, 1933  
 I last saw him alive on 8-17, 1933 Death is said to have occurred on the date stated above, at 11:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
malaria complicated with Colitis Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 119 B  
38  
 Name of operation None 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 W. H. Dentors, M. D.  
 (Signed) Wardell (Address) Wardell Mo.

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 26 1933

