

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.

MAY 20 1935

11831

1. PLACE OF DEATH
County Wheeler Registration District No. 19
Township Calay Primary Registration District No. 5025
City (No. St. Ward)

2. FULL NAME Betty Ruth McCall
(a) Residence, No. St. Ward. (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1927
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 0 11

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) Watson Mo

13. NAME Thas. McCall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Bluff Mo

15. MAIDEN NAME Rachael Watson

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

17. INFORMANT (ADDRESS) Mrs Rachael McCall Rock Port Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Thelma Cem. DATE 4-17 35

19. UNDERTAKER (ADDRESS) Chas. Bechtelmann Rock Port Mo

20. FILED 4-16 35 Mary Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16 1935

I HEREBY CERTIFY, That I attended deceased from Apr. 4 1935 to Apr. 16 1935
I last saw him alive on Apr. 15 1935 Death is said to have occurred on the date stated above, at 12 m.

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

broncho-pneumonia Date of onset 4-6-35
complicating
measles

Other contributory causes of importance:

Name of operation 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, 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? no
If so, specify Chas. J. Bechtelmann M. D.
(Signed) Rock Port Mo
(Address)

