

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 Talk Registration District No. 208  
Township McClellan Primary Registration District No. 5907a  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

24085

File No. \_\_\_\_\_  
Registered No. 15

2. FULL NAME

(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.

Bessie Myrtle Birdsong

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Birdsong

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1905

8. AGE YEARS 29 MONTHS 9 DAYS 8 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm Turey

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

15. MAIDEN NAME Kathelma Jurey

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

17. INFORMANT (ADDRESS) Tom Turey, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Payne DATE July 18, 1935

19. UNDERTAKER (ADDRESS) Hutcherson & Blue, Bolivar, Mo.

20. FILED Aug 1, 1935 Mal Jernwald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1935

22. I HEREBY CERTIFY That I attended deceased from July 16, 1935, to July 17, 1935. I last saw her alive on July 16, 1935. Death is said to have occurred on the date stated above, at 4a m.

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

Enteric fever  
Other contributory causes of importance: Malnutrition

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) T. H. Hines, M. D.  
(Address) Urbana, Mo.

