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.

DEC 3 1935

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

Do not use this space.

32319

File No.

Registered No.

1. PLACE OF DEATH

County: Dunklin — Registration District No.: 283

Township: Buffalo — Primary Registration District No.: 5402

City: Cardwell (No. , St. Ward)

2. FULL NAME: Bettie Fay McCormack

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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): 9-14-1935

7. AGE — YEARS: — MONTHS: 1 — DAYS: 10 — If LESS than 1 day, hrs. or min.

OCCUPATION

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): Cardwell Mo

FATHER

13. NAME: Cleo McCormack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

MOTHER

15. MAIDEN NAME: Cleo Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT (ADDRESS): Cleo McCormack Cardwell Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Cardwell Mo DATE: 10-29 1935

19. UNDERTAKER (ADDRESS): Mitchell & Anderson Cardwell Mo

20. FILED: 11-15 1935 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1935, to 10-29 1935

I last saw him alive on 10-28 1935. Death is said to have occurred on the date stated above, at 2 A m.

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

Auto intoxication — Date of onset

Acute Colitis

Other contributory causes of importance:

Name of operation: None — 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

(Signed) D. O. Dempsey, M. D.

(Address) Cardwell Mo.