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.

OCT 21 1936

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

Do not use this space.

38671

1. PLACE OF DEATH
County Pike
Township Calumet
City Annada (No. ..... St. ..... Ward)
Registration District No. 681
Primary Registration District No. ~~[illegible]~~ 4400
File No. .....
Registered No. .....

2. FULL NAME Bettie Ann Howdeshell

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 29-1933

7. AGE YEARS 3 MONTHS 6 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Annada Mo

FATHER
13. NAME Cecil F Howdeshell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annada Mo

MOTHER
15. MAIDEN NAME Annie Welch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eolia Mo

17. INFORMANT (ADDRESS) Cecil F. Howdeshell Annada Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Daly Ridge DATE Oct 6 1936

19. UNDERTAKER (ADDRESS) Harry Clarrow Clarksville Mo

20. FILED Oct 26, 1936 Martha C Gamon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1936, to Oct 5, 1936
I last saw her alive on Oct 5, 1936 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Acute Gastro Enteritis — Date of onset Oct 4

Other contributory causes of importance:

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. L. Bankhead, M. D.
(Address) Paynesville Mo