APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Scott — Registration District No. 816 — File No. 13764
Township — Primary Registration District No. 4492 — Registered No. 7
City Chaffee (No. , St. Ward)

2. FULL NAME Betty Couleen Teague
(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) Aug 10, 1929

7. AGE: YEARS 7 — MONTHS 6 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Chaffee Mo

FATHER
13. NAME Harvey Teague
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi Co Mo

MOTHER
15. MAIDEN NAME Alma Hobbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

17. INFORMANT (ADDRESS) Mrs Alma Teague Chaffee, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Park Cem Chaffee, Mo DATE 3/16/37

19. UNDERTAKER (ADDRESS) Bisplinghoff & Hubbard Chaffee, Mo.

20. FILED 3/16 1937 W. O. Finney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 15, 1937, to March 14, 1937
I last saw her alive on March 14, 1937. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis. 4 years	
Malnutrition - Starvation	
Decubitus Gangrene	
16	

Other contributory causes of importance: Probably. Polio Myelitis

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) W. O. Finney, M. D.
(Address) Chaffee 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD