

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Albert Martini
AUG 28 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Mississippi Registration District No. 5167
 Township St. James Primary Registration District No. 14334
 City East Prairie (No.) St. Ward)

2. FULL NAME Betty Sue Sailors
 (a) Residence, No. East Prairie St. Ward. (If not resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

27822
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PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 10 - 1922</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
		<u>15</u>		
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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East Prairie</u>			
	13. NAME <u>Tobe Sailors</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Ruby M. Higgs</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	17. INFORMANT (ADDRESS) <u>Tobe Sailors East Prairie</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dogwood</u> DATE <u>July 26 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Shaw Shell East Prairie, Mo.</u>				
20. FILED <u>July 25 1937</u> <u>W. H. Duff</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937 to July 25, 1937
 I last saw him alive on July 30, 1937. Death is said to have occurred on the date stated above, at 7 a m.
 The principal cause of death and related causes of importance were as follows:
Gastro Enteritis
 Date of onset

Other contributory causes of importance:
11A

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 A. J. Martine, M. D.
 (Signed) East Prairie Mo
 (Address)

