NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot
Township: Hayti
City: (No. St. Ward)

Registration District No. 653
Primary Registration District No. 5864

File No. 38409
Registered No. 92

2. FULL NAME: Bettie Ann Faukley

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8, 1937

7. AGE: Years | Months: 8 | Days: 1 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Portageville Mo.

FATHER
13. NAME: Robert Faukley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sewanee Tenn.

MOTHER
15. MAIDEN NAME: Flora Elizabeth Hemm
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville, Mo.

17. INFORMANT (ADDRESS): Father - Robert Faukley

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hayti Mo. DATE: 10-9, 1937

19. UNDERTAKER (ADDRESS): Ray Funeral Co. Hayti Mo.

20. FILED: 10-9, 1937 Jno A Rodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1937, to Oct. 9, 1937.
I last saw her alive on Oct. 8, 1937. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Dysentery - (unclassified) — Date of onset

Other contributory causes of importance:

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? No
If so, specify
(Signed) A H Shirey, M. D.
(Address) Hayti, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.