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.

REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County: St Clair
Registration District No.: 765
Township:
Primary Registration District No.: 4460
City: Osceola (No. , St. Ward)

File No.: 8034
Registered No.: 1

2. FULL NAME: Betty Lou Epperson 162

(a) Residence, No. (Usual place of abode) St. Ward. (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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-8-1938

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		19	

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 COUNTY): Osceola Mo

FATHER

13. NAME: Clarence Epperson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Dade Co Mo

MOTHER

15. MAIDEN NAME: Helen T. Gregory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Osceola Mo

17. INFORMANT (ADDRESS): [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: 2-[illegible] 19

19. UNDERTAKER (ADDRESS): [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-[illegible] 19[illegible]

22. I HEREBY CERTIFY, That I attended deceased from 2-8 19[illegible], to 2-27 19[illegible]
I last saw h. alive on 2-27 19[illegible] Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
at 6 mo. pregnancy

Date of onset

Other contributory causes of importance: 154

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) [illegible], M. D.
(Address) [illegible]