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 MAY 23 1938

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

Do not use this space.

15346

1. PLACE OF DEATH
County Montgomery
Township Danville
City ~~New Florence Mo.~~ (No. ..... St. ..... Ward)

Registration District No. 593 57868
Primary Registration District No. ~~7351~~

File No. 58
Registered No. .....

2. FULL NAME Birdie Bell Farrow 600
(a) Residence, No. Near New Florence Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1874

7. AGE YEARS 63 MONTHS 10 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Memphis Tenn.

FATHER
13. NAME Henry Berger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.

MOTHER
15. MAIDEN NAME Mary Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Eleanor G. Heurer New Florence Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Florence Mo. DATE Apr. 21, 1938

19. UNDERTAKER (ADDRESS) M. E. Hendershott Jr. New Florence Mo.

20. FILED 5/10, 1938 James O. Helm MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to April 19, 1938
I last saw her alive on April 18, 1938. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	4-17-38
pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & lab 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) James O. Helm, M. D.
(Address) New Florence Mo.

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