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.

FILED SEP 23 1938

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

Do not use this space.

29043

1. PLACE OF DEATH
County Howard, Registration District No. 378 File No.
Township Primary Registration District No. 4222 Registered No. 44
City Fayette, (No. , St. Ward)

45 2 1

2. FULL NAME Bettie Tindall, 534

(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 Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE 51 YEARS about MONTHS " DAYS " If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri, 0

FATHER
13. NAME Henry Wright, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER
15. MAIDEN NAME Ellen Young,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Dora Vivian, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary, DATE 8/16th 1938

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Sep. 6 1938 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15th 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to 8-15-, 1938
I last saw her alive on 8-12, 1938 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute uremia	8-1-38
Myocarditis	(?)
|B|	
Other contributory causes of importance: Cardio-vascular-Renal disease	(?)

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) D. C. Coffman, M. D.
339 (Address) Fayette, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/9/38