

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

Do not use this space.

1. PLACE OF DEATH

County Lee
Township Leesville
City Leesville (No.)

Registration District No. 347
Primary Registration District No. S. J. O. I. A.

File No. 34251
Registered No. 106 (Ward)

2. FULL NAME

Betty Myollie Delozier

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping in 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) Leesville, Mo

13. NAME John E Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Nellie Semmes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee

17. INFORMANT (ADDRESS) Rufus A Delozier Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Debo Cemetery DATE 10-24-1931

19. UNDERTAKER (ADDRESS) Spore & Son Clinton Mo

20. FILED 10/26 19 31 E. C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1931, to 10-23, 1931. I last saw him alive on 10-15, 1931. 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:

purpuric meningitis Date of onset

Other contributory causes of importance:

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? no
If so, specify
(Signed) E. C. Peeler, M. D.
(Address) Clinton Mo.

WRITE PLAIN INK WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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