

WRITE PLAINLY, 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.

PLACE OF DEATH
County Bollinger
Township Shayne
or
Village
or
City

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 69 File No. 35288
Primary Registration District No. 5708 Registered No. 30
City (NO. _____) St. _____ Ward _____

FULL NAME William Beal

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	
DATE OF BIRTH <u>April</u> (Month) <u>27</u> (Day) <u>1849</u> (Year)			
AGE <u>63</u> yrs. <u>9</u> mos. <u>12</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-02</u>			
BIRTHPLACE <u>Cape Girardeau County</u> (City or town, State or foreign country) <u>Missouri</u>			
PARENTS	NAME OF FATHER <u>John Beal</u>		
	BIRTHPLACE OF FATHER <u>USA's know</u> (City or town, State or foreign country)		
	MAIDEN NAME OF MOTHER <u>Mahala Bollinger</u>		
	BIRTHPLACE OF MOTHER <u>USA's know</u> (City or town, State or foreign country)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mollie Beal</u> (ADDRESS) <u>Galena Mo.</u> Filed <u>Nov. 5</u> 191 <u>2</u> <u>Asier J. Speer</u> REGISTRAR			

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>April</u> (Month) <u>27</u> (Day) <u>1912</u> (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>April 18</u> , 191 <u>2</u> , to <u>April 27</u> , 191 <u>2</u> , that I last saw him alive on <u>April 25</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at ____ m. The CAUSE OF DEATH* was as follows: <u>Minimal Regurgitation</u> <u>9744</u> (Duration) <u>one</u> yrs. ____ mos. ____ ds.	
Contributory (Secondary) (Signed) <u>A.T. Kutzpatrick</u> M. D. <u>Apr 30</u> 191 <u>2</u> (Address) <u>Galena Mo</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
Where was disease contracted if not at place of death? Former or usual residence _____	
PLACE OF BURIAL OR REMOVAL <u>Box Country</u>	DATE OF BURIAL <u>Apr 28</u> 191 <u>2</u>
UNDERTAKER <u>J. H. Smith and Co</u>	ADDRESS <u>Galena</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as, fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County Boehinger
 Township Waynes
 or
 Village
 or
 City (NO. St. Ward)

REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

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

Registration District No. 69 File No. 30
 Primary Registration District No. 5108 Registered No. 30

[If death occurred in a
 hospital or institution,
 give the NAME instead
 of street and number]

FULL NAME

William Beal

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE married
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH

April 27, 1899
 (Month) (Day) (Year)

AGE

63

yrs. mos. ds.

If LESS than
 1 day, hrs. or min.

OCCUPATION

(a) Trade, profession, or
 particular kind of work

farmer

(b) General nature of industry,
 business, or establishment in
 which employed (or employer)

BIRTHPLACE

(City or town,
 State or foreign country)

Cape Girardeau Mo.

PARENTS

NAME OF
FATHER

John Beal

BIRTHPLACE
OF FATHER
(City or town, State or foreign country)

U. S. A.

MAIDEN NAME
OF MOTHER

Margala Boehinger

BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

U. S. A.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mollie Beal

(ADDRESS)

Galma Mo

Filed

Nov. 5

191

2. Asier J. Speed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Apr 27, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Apr 18, 1912, to Apr 27, 1912,
 that I last saw him alive on Apr 25, 1912,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

(Duration) 1 yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A. J. Kirkpatrick M. D.

Oct 30, 1912 (Address) Galma Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
 RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted
 if not at place of death?

Former or
 usual residence.

PLACE OF BURIAL OR REMOVAL

Box 600

DATE OF BURIAL

Apr 28, 1912

UNDERTAKER

J. W. Shunk & Co.

ADDRESS

Galma

All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information should be carefully supplied. CAUSE 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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[Approved by U. S. Census and American Public Health
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Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull; and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)