

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.

MAR 16 1928

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

Do not use this space.

4007

1. PLACE OF DEATH

County Collings
Township Wayne
City Wayne (No.)

Registration District No. 68
Primary Registration District No. 1708

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, — hrs. or — min.
38 2 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work wife 70A
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

10. NAME OF FATHER J.W. Bay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jane Eaton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Thurman Evans
(Address) Jalma

15. FILED 2. 17 1928 A.T. Kirkpatrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 192817. I HEREBY CERTIFY, That I attended deceased from 2. 2 1928 to Feb. 2 1928

that I last saw him alive on Jan. 31 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura hemorrhagica
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓WAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS WBC(Signed) A.T. Kirkpatrick, M.D., 19 (Address) Jalma MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Beatty Cemetery Feb. 3 1928

20. UNDERTAKER

ADDRESS

Bill Ro Jalma MO

