DEC 31 1928

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

Do not use this space.

37754

1. PLACE OF DEATH Pemiscot
County Caruthersville Mo
Township Little Prairie
City Caruthersville (No. ..... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 4388

File No. .....
Registered No. 143

2. FULL NAME Roy Beaver

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

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

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

7. AGE: about 50 YEARS; MONTHS: 0; DAYS: 0; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Boat Fireman
(b) General nature of industry, business, or establishment in which employed (or employer): Government boat
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Harry Keener
(Address) Caruthersville Mo

15. FILED Dec. 10 1928 Ada Martin REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928 to Nov. 10, 1928 that I last saw him alive on Nov. 10, 1928, and that death occurred, on the date stated above, at 3:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease
92A (Mitral)
56 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Rheumatism
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 90A

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) G. W. Phipps, M. D
11/11, 1928 (Address) Caruthersville, 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: Little Prairie Cemetery
DATE OF BURIAL: Nov - 10 1928

20. UNDERTAKER: J. L. La Forge
ADDRESS: Caruthersville Mo

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.

THIS IS A PERMANENT RECORD