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

Do not use this space.

38295

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10899

City St Louis Mo (No. 2320 Morgan St St. ..... Ward)

2. FULL NAME Naughty Beal

(a) Residence. No. 2320 Morgan St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Cold	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1901-3-3

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	8	1	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan, Tenn

PARENTS

10. NAME OF FATHER John Beal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn

12. MAIDEN NAME OF MOTHER Minnie Strawder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn

14. INFORMANT Minnie Beal
(Address) 2320 Morgan St

15. FILED NOV -7 1928 REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-4- 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 17th, 1928, to Nov 4th, 1929 that I last saw her alive on Nov 4th, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulcerative Peritonitis
11 A
12 A
1 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Perforation, and Ulceration due to Ulcers of Stomach (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Brown, M. D

11-5-, 1928 (Address) 822A - N. Jefferson

*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
Milan, Tenn	Nov 10th 1928

20. UNDERTAKER	ADDRESS
A. L. Beal	2726 Lucas Ave

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRA... RECEIVE A... ...P ...ERTIFICAT... THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10899

City St Louis (No. 2320 Morgan St. St. ..... Ward)

2. FULL NAME Haughty Beal

(a) Residence. No. 2320 Morgan St., 21 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: Cold
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1901-3-3

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	8	1	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn

PARENTS

10. NAME OF FATHER John Beal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn
12. MAIDEN NAME OF MOTHER Minnie Strauder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Milan Tenn.

14. INFORMANT Minnie Beal
(Address) 2320 Morgan St.

15. FILED Nov 7, 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-4 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1928, to Nov 4 1928, that I last saw her alive on Nov 4th 1928 and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulcerative Peritonitis
111 a
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Perforation and Ulceration due to ulcers of stomach (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Brown, M.D.
11/5, 1928 (Address) 822 A. N. Jefferson

*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: Milan, Tenn
DATE OF BURIAL: Nov. 10 1928

20. UNDERTAKER: A L Beal
ADDRESS: 2726 Lucas ave.

SUPPLEMENTARY

S-38295