

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.

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

Do not use this space.

41705

1. PLACE OF DEATH

County Meruor
Township Manson
City Meruor (No.)

Registration District No. 553
Primary Registration District No. 4325

File No.
Registered No. 34
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Louise Beadell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) (Grocery)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER David E. Beadell

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

12. MAIDEN NAME OF MOTHER Martha Fuzza

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

14. INFORMANT Louise E. Beadell
(Address) Meruor, Mo.

15. FILED 17, 1929 Mary O. Fisher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1928

I HEREBY CERTIFY That I attended deceased from Jeff 1, 1928, to Dec 25, 1928, and that I last saw him alive on Dec 25, 1928, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Paramyoma
Stomach & Liver
44 468
(duration) yrs. 6 mos. ds.
CONTRIBUTORY Carcinoma of Rectum
(SECONDARY)
(duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician's Report
(Signed) Dr. J. H. Jones, M. D.
, 19 (Address) Meruor, 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

Early Dec 27 1928

20. UNDERTAKER ADDRESS

Boel Moss Meruor
Mo.

