

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

Do not use this space.

2259

1. PLACE OF DEATH

County Linn
Township North Linn
City North Linn (No.) St. Ward

Registration District No. 470
Primary Registration District No. 4283

File No.
Registered No. 3

2. FULL NAME

(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. 4 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF George D. Bean

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-9-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 2 | 28

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

9. BIRTHPLACE (CITY OR TOWN) Columbus (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Christopher Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER Neff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Ray A. Bean (Address) North Linn, Mo

FILED Jan 9 1929 W D FULTON REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7th 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 27 1928 to Jan 7 1929 that I last saw her... alive on Jan 6 1929, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema of a.
11A
108
(duration) yrs. mos. 11 ds.
CONTRIBUTORY (SECONDARY) 11A
Tubercular pneumonia (duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P A Johnson, M. D.

(Address) North Linn, 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 North Linn City Cemetery DATE OF BURIAL Jan 9 1929

20. UNDERTAKER Geo B Orr ADDRESS North Linn, Mo

B 22 1929
55
5
2
26
2
31
31

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.

