

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

480

1. PLACE OF DEATHCounty CedarRegistration District No. 163Township Edwards SpgsPrimary Registration District No. 4095City Edwards Spgs (No. _____)

File No. _____

Registered No. 3

St. _____ Ward) _____

2. FULL NAMECynthia A Beals

(a) Residence, No. _____ St. _____ 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**White**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**married**6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF**J. N. Beals**7. DATE OF BIRTH (MONTH, DAY AND YEAR)**June 23-1861**8. AGE**68627

If LESS than 1 day, _____ hrs. or _____ min.

9. 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)

(c) Name of employer

10. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo**11. NAME OF FATHER**Henry Reed**12. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky**13. MAIDEN NAME OF MOTHER**Jane Skinner**14. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky**15. INFORMANT**J. A. Beals

(Address)

Edwards Spgs. Mo**16. FILED**21-1930J. W. Dawson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**17. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan-20 1930**18. HEREBY CERTIFY, That I attended deceased from**Oct 15, 1929, to Jan 19, 1930, that I last saw him alive on Jan 19, 1930, and that death occurred, on the date stated above, at 6 A. m.**THE CAUSE OF DEATH* WAS AS FOLLOWS:**Angina Pectoris13-17(duration) 3 yrs. 7 mos. 7 ds.**CONTRIBUTORY (SECONDARY)**Nephritis & arteriosclerosis(duration) 7 yrs. 7 mos. 7 ds.**19. 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) J. A. Beals, M. D.1/21, 19 30 (Address) Edwards Spgs. 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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL**DATE OF BURIAL**Clintonville Cemetery1/22 1930**21. UNDERTAKER****ADDRESS**Guinn-Siders, Edwards Spgs. Mo

