

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.

MAY 27 1931

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

Do not use this space.

14953

1. PLACE OF DEATH

County Merced
Township Merced
City Princeton (No. 556)

Registration District No. 556Primary Registration District No. 4328File No. 7Registered No. 7St. Princeton Ward 7

2. FULL NAME

(a) Residence. No. Martha E. Beardon St. Princeton Ward 7
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm L Beardon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 0 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife 92A
(b) General nature of industry, business, or establishment in which employed (or employer) 92A
(c) Name of employer 95A

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

10. NAME OF FATHER Thos G. Wilson

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

12. MAIDEN NAME OF MOTHER Not known

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

14. INFORMANT Wm L Beardon
(Address) Princeton, Mo

15. FILED 4/11, 1931 J M Perry
REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 8 1931

17. I HEREBY CERTIFY, That I attended deceased from 8 A.M. Apr. 8, 1931, to 4 P.M. 1931.
that I last saw him alive on 9 P.M. Apr. 8, 1931, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute decompensation with
Arrhythmic fibrillation
of heart - mitral valve
of heart - mitral valve
CONTRIBUTORY (SECONDARY) Acute suppurative
oedema of lungs

18. WHERE WAS DISEASE CONTRACTED Princeton, Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 4/9 1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Princeton, Mo

(Signed) W M Britton, M. D.

4/9, 1931 (Address) Princeton, 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 Princeton DATE OF BURIAL 4-10 1931

20. UNDERTAKER Martin Francis Hays ADDRESS Princeton

100-100000

100-100000