

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

Do not use this space.

22170

**1. PLACE OF DEATH**

County Montgomery Registration District No. 590  
Township Louisa Primary Registration District No. 5788  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Marline Beuskin  
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 4, 1929</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>7</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Americus, Missouri</u>		
FATHER	13. NAME <u>John Beuskin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portland, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary D. Romaker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>	
17. INFORMANT (ADDRESS) <u>Howard Romaker, McKittrick, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portland</u> DATE <u>June 16, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Barlow Baker, Americus, Mo.</u>		
20. FILED <u>June 15, 1931</u> <u>J.C. Murgers</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

**2**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1931

22. I HEREBY CERTIFY That I attended deceased from June 5, 1931 to June 15, 1931  
I last saw her alive on June 14, 1931. Death is said to have occurred on the date stated above, at 7:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Branchio Pneumonia Date of onset 6-8-31  
1014  
82A

Other contributory causes of importance:  
Cerebral congestion 6-12-31

23. If death was due to external causes (violence), fill in also the following:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) G. B. Nichols, M. D.  
(Address) A. Pineblau, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Montgomery  
Township Southern  
City (No. .... St. .... Ward)

Registration District No. 090  
Primary Registration District No. 0788

File No. ....  
Registered No. ....

**2. FULL NAME**

Mary Maxine Benskin

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Aug 7 1931 J.C. Niedinger Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1931

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw him alive on .....

to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

Bacterial Pneumonia Date of onset

104 W

Other contributory causes of importance:

Cerebral Congestion  
cause unknown

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) B. B. Nichols M. D.  
(Address) R. H. ...

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ETHNICITY should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-22-40