

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

Do not use this space.

39975
6

1. PLACE OF DEATH

County Wasson Registration District No. 65-
Township Ray Primary Registration District No. 6192
City Viola (No. Bearden) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

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. 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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/17/1919				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	12	9	20	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Ray Bearden

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

12. MAIDEN NAME OF MOTHER Lula Eaton,

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

14. INFORMANT Ray Bearden
(Address) Patterson mo.

15. FILED Nov. 9 31 Mrs T. M. Polk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/6 1931
17. I HEREBY CERTIFY, That I attended deceased from 10/11 1931 to 11/6 1931
that I last saw h. alive on 11/6 1931, and that death occurred, on the date stated above, at 10 0 31 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria and Nephritis

10
137A (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 10 (duration) _____ yrs. _____ mos. _____ 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 Phys. Examination
(Signed) H. J. Polk, M. D.

. 19 (Address) Viola, 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 Eaton Center DATE OF BURIAL 11/7 1931

20. UNDERTAKER Gates & Sons for Funerals ADDRESS _____

NOV 26 1931

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.

