

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

Do not use this space.

41586

1. PLACE OF DEATH
 County Mississippi Registration District No. 647
 Township East Paris Primary Registration District No. 4334
 City Two Ends Deaton (No. _____) St. _____ Ward _____

2. FULL NAME Two Ends Deaton
 (a) Residence, No. _____ St. _____ Ward _____
 (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 M 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 Beula Bell Deaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 8 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trading 92
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94
 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) Camden Tenn.

FATHER
 13. NAME William Deaton
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Camden Tenn.

MOTHER
 15. MAIDEN NAME Mary Jane Cole
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Camden Tenn.

17. INFORMANT Beula Bell Deaton
 (ADDRESS) East Chicago Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE Dec 12 1931

19. UNDERTAKER Frank Miller
 (ADDRESS) East Chicago Mo.

20. FILED Dec 11 1931 Duff M. Hodge
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1931 to _____ 19____.
 I last saw him alive on Dec 10 1931. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease Date of onset _____
Angina Pectoris
 Other contributory causes of importance?
92A

Name of operation _____ Date of _____
 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 _____, 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? _____
 If so, specify _____
 (Signed) P. Martin M. D.
 (Address) East Chicago Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

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