

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

Do not use this space.

1. PLACE OF DEATH

County Shannon
Township Jackson
City Shannon (No. 11)

Registration District No. 637
Primary Registration District No. 6084

File No. 43096
Registered No. 3
St. _____ Ward) _____

2. FULL NAME

Anna Bell Bealert

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 ---- 22

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Pike Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Neal Yeater

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

12. MAIDEN NAME OF MOTHER Susan Milroy

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

14. INFORMANT Mrs. Susie Smith
(Address) Rector Mo

15. FILED 12/6 1931 Mrs. Charles Wells
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1931, to Dec 3 1931, that I last saw him alive on Nov 20 1931, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis Acute
HB 130
(duration) yrs. mos. 20 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. V. Dierman, M. D.

(Address) Salem 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 Rector Cemetary DATE OF BURIAL Dec 6 1931

20. UNDERTAKER Carl K Spencer ADDRESS Salem Mo

