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

Do not use this space.

1. PLACE OF DEATH

County: Vernon — Registration District No.: 878 — File No.: 43209

Township: Dover — Primary Registration District No.: 4166 — Registered No.: 15

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Howard Glenn Beisley

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1931 — 8 mo — 11 day

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Milo
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Burrell Longo Beisley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Milo
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Corine Wood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Sheldon
(STATE OR COUNTRY): Mo

14. INFORMANT: Burrell Longo Beisley
(Address)

15. FILED 12-11, 1931 — Carroll T Berry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Dec 11, 1931 that I last saw him alive on Dec 9, 1931, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Entero-Colitis

119 1198 (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY): This baby was delivered of a very severe Eclamptic mother. (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? Physical Exam

(Signed) W S Love, M. D.

Dec 11, 1931 (Address) Nevada, 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	DATE OF BURIAL
Olive Branch	12-12-1931
20. UNDERTAKER	**ADDRESS**
G B Berry & sons	Sheldon

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.