

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

Do not use this space.

5437

1. PLACE OF DEATH

66 County Madison
Township Edwards
City Turkey

Registration District No. 564
Primary Registration District No. 5758

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

2. FULL NAME

Beulah

B. F. W.

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-12-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
84 18

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) Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Bobb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) 31
12. MAIDEN NAME OF MOTHER Judith Harrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

14. INFORMANT Supper School
(Address) Turkey

15. FILED 2-5-32 REGISTRAR Don't Know

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9-1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 1932 to _____, 1932
that I last saw h. alive on 2-9-1932 and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
162 Purulent Pyemia
(duration) yrs. mos. ds. 72

CONTRIBUTORY (SECONDARY) Old age
(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? Symptoms
(Signed) ST. M. K., M. D.
2-10-1932 (Address) Turkey

*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 Beaver Country DATE OF BURIAL 2-10-1932
20. UNDERTAKER Sherris ADDRESS Sherris
Sherris Mo

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.

APR 28 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

