

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 1 1932

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

Do not use this space.

7353

1. PLACE OF DEATH

County Bollinger  
Township Marble Hill  
City Marble Hill (No.       )

Registration District No. 67  
Primary Registration District No. 4039

File No.         
Registered No. 4  
St.        Ward       

12. FULL NAME Delia Delila Beach

(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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1844  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) State Ark 2

13. NAME Sirryben Coussal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State Tenn

15. MAIDEN NAME Hinton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State Tenn

17. INFORMANT Mrs Abby Hinton  
(ADDRESS) Marble Hill

18. BURIAL, CREMATION, OR REMOVAL Hahn Chapel DATE Mar 8 1932  
PLACE Marble Hill

19. UNDERTAKER A. G. Baker  
(ADDRESS) Autumnville Mo

20. FILED 3-8 1932 C. A. Sander  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1932

22. I HEREBY CERTIFY That I attended deceased from Sept. 9<sup>th</sup>, 1931, to March 7, 1932  
I last saw him alive on March 1, 1932. Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:  
chronic valvular disease of Heart.

Other contributory causes of importance 92A 92A  
①

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) C. A. Sander, M. D.  
(Address) Marble Hill, Mo

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