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.

MAR 25 1932

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

Do not use this space.

File No. 7604

Registered No.

1. PLACE OF DEATH

15 County Camden — Registration District No. 275

Township Auglaize — Primary Registration District No. 517-B

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

2. FULL NAME Beulah Irene Deberry

(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: Girl

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 21-1932

7. AGE: YEARS 0 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

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 Co Mo

FATHER

13. NAME: Clyde Hadley Deberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co Mo

MOTHER

15. MAIDEN NAME: Nellie Routh Holdren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co. Mo.

17. INFORMANT (ADDRESS): Clyde Hadley Deberry Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glover Cemetery DATE March 14 1932

19. UNDERTAKER (ADDRESS): None

20. FILED Mar 25, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1932, to March 13, 1932

I last saw her alive on March 13, 1932. Death is said to have occurred on the date stated above, at 9 50 m.

The principal cause of death and related causes of importance were as follows:

Icterus neonatorum — Date of onset 2-21-1932

Other contributory causes of importance: Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Bed Side 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? No

If so, specify —

(Signed) Everett A. Oliver M. D.

(Address) Richland Mo.