

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

Do not use this space.

25519

1. PLACE OF DEATH

12 County Butler Registration District No. 89
 2 Township Primary Registration District No. 3007
 7 City Poplar Bluff (No.) St. Ward)

File No.
 Registered No. 135

2. FULL NAME

(a) Residence, No. Fred. O. Beal Jr St. Bloomfield mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2-1912</u>		
7. AGE	YEARS <u>20</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Poplar Bluff mo</u>		
FATHER	13. NAME <u>Fred. Beal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Alisip (Alisip)</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Fred. Beal Bloomfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary Home 608/26-32</u>		
19. UNDERTAKER (ADDRESS) <u>Childs Bloomfield mo</u>		
20. FILED <u>Aug 22</u> , 19 <u>32</u> <u>B. J. Clark</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to Aug 19, 1932
 I last saw him alive on Aug 16, 1932. Death is said to have occurred on the date stated above, at 10:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Mentals
 Other contributory causes of importance:
Cerebral spinal meningitis

Name of operation none 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) Dr. H. H. ... M. D.
 (Address) 8 1/2 N. 3rd Street

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.

SEP 21 1932

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