

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 27 1932

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

Do not use this space.

28242

1. PLACE OF BIRTH

105 County Sullivan

Registration District No. 849

File No. 28242

2. Township

Primary Registration District No. 4513

Registered No. 19

3. City

Green City Mo

(No. 4513)

St.

Ward

2. FULL NAME

Mary Melissa Beatty

(a) Residence. No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 14 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

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

Widow

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

Mrs. L. Beatty

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 8-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

10

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Widow

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

James Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Catherine C. Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT

(Address)

Mrs. Minnie E. Harrington
Green City, Mo

15.

FILED

Sep 2 1932 Miss K. H. H. H.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1932

17.

I HEREBY CERTIFY, That I attended deceased from May, 1932, to Aug 22, 1932, that I last saw her alive on Aug 22, 1932, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant Thyroid and
Cervical Adenitis

53 E (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

101 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF (1)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. Harrington M.D. M. D.

, 19

(Address)

Green City, 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

Pleasantville

8-24 1932

20. UNDERTAKER

ADDRESS

Glenn E. Kent

Green City

