

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

Do not use this space.

31837

1. PLACE OF DEATH

29 County Dade
Township Center
City _____ (No. _____)

Registration District No. 237
Primary Registration District No. 532.3

File No. _____
Registered No. 44 St. _____ Ward _____

2. FULL NAME William A Beale

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Beale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 - 1870
7. AGE YEARS MONTHS DAYS 62 5 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 1
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) Dade Co Mo 1
(STATE OR COUNTRY)

FATHER 13. NAME John Beale
14. BIRTHPLACE (CITY OR TOWN) Jenn 2
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Davis
16. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

17. INFORMANT Edgar Beale
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carr Chapel DATE Oct 20 1932

19. UNDERTAKER W. Ward
(ADDRESS) Grainfield mo

20. FILED Oct 20 1932 Ed Beale
Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Oct 20 1932
I last saw him alive on Sept 15 1932 Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

11 B
Influenza
Other contributory causes of importance: 11 B 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) Orville _____, M. D.
(Address) Grainfield mo

