

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.

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

Do not use this space.

32929

1. PLACE OF DEATH

66 County Miller
Township Richwoods
City Idalia (No. _____)

Registration District No. 562Primary Registration District No. 5757

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode) _____

St. _____

Ward. _____

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

Female

4. COLOR OR RACE

White

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

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

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

Aug. 2-1926

7. AGE

YEARS

6

MONTHS

2

DAYS

28

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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)

Eldorado, Kansas

FATHER MOTHER

13. NAME

Thurman Otto Beal

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

Idalia, Mo.

15. MAIDEN NAME

Hazel Blanche Hodgins

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

Idalia, South Dakota

17. INFORMANT (ADDRESS)

P. O. Beal Idalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Idalia

DATE

10/31

19. UNDERTAKER (ADDRESS)

E. L. Casey Idalia, Mo.

20. FILED

Dec 8, 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

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

10/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 30, 1932 to Oct 30, 1932I last saw him alive on Oct 30, 1932 Death is saidto have occurred on the date stated above, at 30 m.

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

Septicemia

Date of onset

10/29/32

Other contributory causes of importance:

unknown

Name of operation

none

Date of _____

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) H. J. Lee(Address) Idalia, Mo.

M. D.

