

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

Do not use this space.

33251

1. PLACE OF DEATH

County Pulaski
Township Javery
City Crocker (No. _____)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? 92 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sallie H. Mung Beans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22, 1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no
10. Date deceased last worked at this occupation (month and year) not known 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

13. NAME Wm Hammet Beans

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

15. MAIDEN NAME May Phineman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh, Pa.

17. INFORMANT Sallie Beans
(ADDRESS) Crocker, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE _____ 19 _____

19. UNDERTAKER W. H. Hays & Sons
(ADDRESS) Crocker, Mo.

20. FILED 10/25/32 H. J. Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from (Patient dead when I arrived) did not

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 5:50 a.m.

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

Epithelioma left face Date of onset Apr. 1932

Other contributory causes of importance: 52

Not known ①

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. Mallyette, M. D.

(Address) Crocker, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1932

