

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

Do not use this space.

38222

**1. PLACE OF DEATH**

2 County Andrew, Registration District No. 16  
Township Missouri Primary Registration District No. 4007  
City Cosby, (No. Cosby, Missouri, St.                      Ward                     )

File No.                       
Registered No. 3

**2. FULL NAME Mary R. Beadle,**

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

Length of residence in city or town where death occurred 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26th. 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1932, to Dec 26th, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12th, 1866

I last saw her alive on Dec 26th, 1932 Death is said to have occurred on the date stated above, at 17:05 p.m.

7. AGE YEARS 66 MONTHS 7 DAYS 29 If LESS than 1 day,                      hrs. or                      min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home,  
10. Date deceased last worked at this occupation (month and year) December 1932 11. Total time (years) spent in this occupation 25

Pneumonia Texas Date of onset Dec 21

12. BIRTHPLACE (CITY OR TOWN) Cosby, (STATE OR COUNTRY) Missouri,

Other contributory causes of importance:

13. NAME Benjamin Carson,

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy?                     

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Indiana,

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)

15. MAIDEN NAME Mattha Shaw,

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

Manner of injury                       
Nature of injury                     

17. INFORMANT Mrs J. I. Caldwell (ADDRESS) Cosby, Missouri,

24. Was disease or injury in any way related to occupation of deceased?                     

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Dec. 29, 1932

If so, specify                      (Signed) B. J. Allen, M. D.

19. UNDERTAKER Frank S. Bowman (ADDRESS) Savannah, Missouri,

(Address) Cosby Mo

20. FILED Dec 27, 1932 B. J. Allen M.D. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

JAN 21 1933

SAVING THE WORLD

Belgian Heritage League

1978

CAUSE: ... it may be properly classified ...

... OCCUPATION: ...



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