

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

39062

## 1. PLACE OF DEATH

 32  
 7 1933  
 County Dexale  
 Township Washington  
 City Clarke (No. 2)
Registration District No. 2048Primary Registration District No. 5360A

File No. \_\_\_\_\_

Registered No. 8

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Almira Beas

(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

yrs.

mos.

ds.

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

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 - 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

87815

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Richmond Co. Mo.13. NAME Druid Beas

FATHER

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

MOTHER

15. MAIDEN NAME Eizabeth Martin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) Mary Martin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sugar Creek Co. DATE Dec 2 193219. UNDERTAKER (ADDRESS) Thomas Smith20. FILED Dec 20 1932 C. M. Davis Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/32, 193222. I HEREBY CERTIFY, That I attended deceased from 12/10/32, 1932, to 12/18/32, 1932.I last saw her alive on Dec. 18, 1932. Death is saidto have occurred on the date stated above, at 2:30 a.m.

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

ArteriosclerosisCret undeterminedOther contributory causes of importance Serility

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical Was there an autopsy? No23. 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? No

If so, specify \_\_\_\_\_

(Signed) D. L. Perkins, M. D.(Address) Clarkeale, Mo.

