AR 24 1933

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

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.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. 2618 Olive St. Ward)

File No. 4801

Registered No. 197

2. FULL NAME Mary Bean,

(a) Residence, No. 2618 Olive 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Bean,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn County, Indiana,

FATHER

13. NAME Hiram Scoggin,

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

MOTHER

15. MAIDEN NAME Emily Stone,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton County, Ohio,

17. INFORMANT W. G. Fuller (ADDRESS) 2618 Olive Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waterman, Ill DATE Feb'y. 20 1933

19. UNDERTAKER Heaton-Bergen & Bowman (ADDRESS) 319 So. 10th. St. Funeral Home

20. FILED Feb 18 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1933, to 2-13, 1933

I last saw her alive on 2-13, 1933 Death is said to have occurred on the date stated above, at 4:45 pm.

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

	Date of onset
Nephritis Chronic	unknown
Myocarditis Chronic	
131	

Other contributory causes of importance:

Arteriosclerosis General unknown

Name of operation none Date of

What test confirmed diagnosis? findings 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, 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) D. W. Carle, M. D.

(Address) P. & S. Bldg