

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.

JUN 21 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15956

1. PLACE OF DEATH

20 County Cedar
 1 Township
 City El Dorado Spgs. (No.)

Registration District No. 163Primary Registration District No. 4095

File No.

Registered No. 37

St. Ward.

2. FULL NAME Andrew Beall

(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 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 Barrie Beall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 2 1953

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 24

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

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) Blair co. Pa.13. NAME Franklin Beall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) person

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mr. Barrie Beall18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville DATE May 28 193319. UNDERTAKER (ADDRESS) Geo. W. Nafus20. FILED 5-27-1933 J. H. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-193322. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1933, to Apr 14, 1933Last saw him alive on Apr 14, 1933 Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

930

Name of operation

What test confirmed diagnosis? clinical 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

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) J. H. Dawson, M. D.(Address) El Dorado Spgs. Mo.

