

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.

1911 2 2 1933

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

Do not use this space.

19317

1. PLACE OF DEATH

County Wapakola Registration District No. 262  
Township Wapakola Primary Registration District No. 262  
City Union Star (No. 5364) St. 5364 Ward

2. FULL NAME

(a) Residence, No. Robert Rowan Beale St. 5364 Ward 5364  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. 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. 11 - 1899  
7. AGE: YEARS 34 MONTHS 1 DAYS 20  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. farming  
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) Union Star Mo.

13. NAME Robert P. Beale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leesburg Va.

15. MAIDEN NAME Drene Wright

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

17. INFORMANT Linda V. Moore (ADDRESS) Curran, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE June 3 1933

19. UNDERTAKER (ADDRESS) H. H. Wilson Union Star, Mo.

20. FILED June 3 1933 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933  
22. I HEREBY CERTIFY That I attended deceased from Nov. 11, 1932 to June 1, 1933, 19\_\_\_\_  
I last saw him alive on 6/1/33, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 1:30 A. M.  
The principal cause of death and related causes of importance were as follows:

Anemia Pernicious Dec. 1932  
Influenza, Acute  
Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clin. 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) Earl L. Perkins, M. D.  
(Address) Clarksdale, Mo.

