

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

Do not use this space.

20482

1. PLACE OF DEATH

County Morgan
Township Mill Creek
City..... (No.....).....

Registration District No. 971
Primary Registration District No. 5797C

File No. 6
Registered No.....
St..... Ward.....

2. FULL NAME

(a) Residence, No. Margaret Gibson Igo 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 Female 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 Leander Igo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1863

7. AGE YEARS 70 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

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

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) Missouri

13. NAME Noah H. Beaman

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

15. MAIDEN NAME Margaret Baler

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

17. INFORMANT Ray Foster (ADDRESS) Sansted mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sansted DATE June 18, 1933

19. UNDERTAKER Jewell E. Richards (ADDRESS) Lepta mo

20. FILED June 23, 1933 O. E. Bordey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-15-33 to 6-16-33, 1933

I last saw him alive on 6-16-33, 1933 Death is said

to have occurred on the date stated above, at 1:50 a.m.

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

Apoplexy
82A

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Symptoms 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?.....

If so, specify E. H. Holtz (Signed)....., M. D.

(Address) Smithton Mo.

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.

THIS IS A PERMANENT RECORD

JUL 23 1933

