

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

Do not use this space.

28986

1. PLACE OF DEATH

County Cape Gir. Registration District No. 128
Township Apple Creek Primary Registration District No. 5176
City (No) St. (No) Ward (No)

2. FULL NAME

(a) Residence, No. 1 Ward (No)
(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 F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>4</u>	<u>5</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seventy Six, Mo.

13. NAME Arthur Beal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seventy Six, Mo.

15. MAIDEN NAME Goldie Bullford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seventy Six, Mo.

17. INFORMANT Arthur Beal
(ADDRESS) Cape Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seventy Six, Mo. DATE 9-8-1933

19. UNDERTAKER Craft & Miller
(ADDRESS) Jackson, Mo.

20. FILED 1 1 1933 19 Raura Beach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased - from Sept 5, 1933, to Sept 7, 1933
I last saw her... alive on Sept 5, 1933. Death is said to have occurred on the date stated above, at 8:20 P m.

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

malarial fever Date of onset 9-4-33
38
58

Other contributory causes of importance: (check)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (check) Date of injury (No), 19(No)

Where did injury occur? (No)
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (check)
Nature of injury (check)

24. Was disease or injury in any way related to occupation of deceased? (check)
If so, specify (No)

(Signed) C. B. Bournau, M. D.
(Address) Old Appleton, Mo.

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.

SEP 26 1933

