

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.

NOV 20 1933

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

Do not use this space.

33848

1. PLACE OF DEATH
 Count New Madrid Registration District No. 605
 72 Township Combs Primary Registration District No. 4359
 City..... (No. St. Ward)

2. FULL NAME Beatrice Beene
 (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND'S (OR) WIFE OF Larolis Beene
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22-1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 7 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
 10. Date deceased last worked at this occupation (month and year) 10/6/33 11. Total time (years) spent in this occupation 13 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee County Miss
 MOTHER FATHER 13. NAME E. L. Clark
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Miss
 15. MAIDEN NAME Lillie Hodges
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prattville CO Miss
 17. INFORMANT E. L. Clark
 (ADDRESS) Malden MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE Albion Rest DATE 10/8/33
 19. UNDERTAKER W. F. Craig
 (ADDRESS) Malden MO
 20. FILED 11/1/33 1933 Ar. Geo. W. Husted
Reg. M. J. A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6th, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1933, to Oct 6th, 1933
 I last saw her dead Oct 6th, 1933. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Thrombosis of coronal artery Date of onset 10/1/33
1457
118
 Other contributory causes of importance: embolism of lungs 10/4/33
 Name of operation none Date of
 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 , 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) S. E. Mitchell, M. D.
 (Address) Malden MO

[The main body of the document is almost entirely blank, containing only scattered noise and faint, illegible markings.]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

File No. 33848
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County New Madrid Registration District No. 605
Township Come Primary Registration District No. 4359
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

Beatrice Beene

(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 F 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

OCCUPATION
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. _____
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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED AM 23 1939 Dr. Geo. W. Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Thrombosis of
feral artery

Date of onset _____

Surferal infection of 1935
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

(Signed) J. E. Mitchell, M. D.

(Address) Malden Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
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.

5-33848