

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 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

35393

## 1. PLACE OF DEATH

County SullivanRegistration District No. 849File No. 35393Township 2Primary Registration District No. 6114Registered No. 1City Green Castle (No.       )St.        Ward       

## 2. FULL NAME

Clarissa Beall(a) Residence, No.       St.       Ward.       

(If nonresident, give city or town and State)

(Usual place of abode)

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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Louder Beall

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

Sept 16, 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

8310

OCCUPATION

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

house wife

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

on farm

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)

MOTHER FATHER

13. NAME

David Kennedy

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

Don't know

15. MAIDEN NAME

Sarah E. K.

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

Don't know

17. INFORMANT (ADDRESS)

Louder Beall  
Green Castle

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Castle DATE Oct 6 1933

19. UNDERTAKER (ADDRESS)

Glenn E. Kent  
Green Castle

20. FILED

Nov 4 1933 Miss Ketchum  
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

Oct 5, 1933, to Oct 5, 1933I last saw him alive on Oct 5, 1933 Death is saidto have occurred on the date stated above, at 1/2 m.

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

Peritonitis

Other contributory causes of importance:

Ulcerations of lower bowels

129

12106

120

120

Name of operation None 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) Tom Parsons, M. D.(Address) Green Castle

