

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

Do not use this space.

186 JB

1. PLACE OF DEATH

County Madison Registration District No. 538 File No. _____
 Township St. Michael Primary Registration District No. 5723 Registered No. 9
 City Clinton (No. _____) St. _____ (Ward _____)

2. FULL NAME

Theodore Beal

(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 male 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 Aline Beal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>20</u>	<u>4</u>	<u>13</u>	

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

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) Rector Ark

FATHER 13. NAME Jessie Beal

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

MOTHER 15. MAIDEN NAME Rena Beal

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

17. INFORMANT (ADDRESS) Rena Beal Rector Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Heights DATE Jan 31 1934

19. UNDERTAKER (ADDRESS) Morris B. Fluty Rector Ark

20. FILED Jan 30 1934 S. C. Slaughter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1934, to _____ 19____
 I last saw him alive on Jan 30 1934 Death is said to have occurred on the date stated above, at 2:10 A.M.

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

Crushed between two trucks on Highway 61 State hwy miles north of Fredericktown
Crushed skull & chest 20%

Other contributory causes of importance: Fractured arm.

2106
2034

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Jan 30 1934
 Where did injury occur? Highway 61 Fredericktown Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

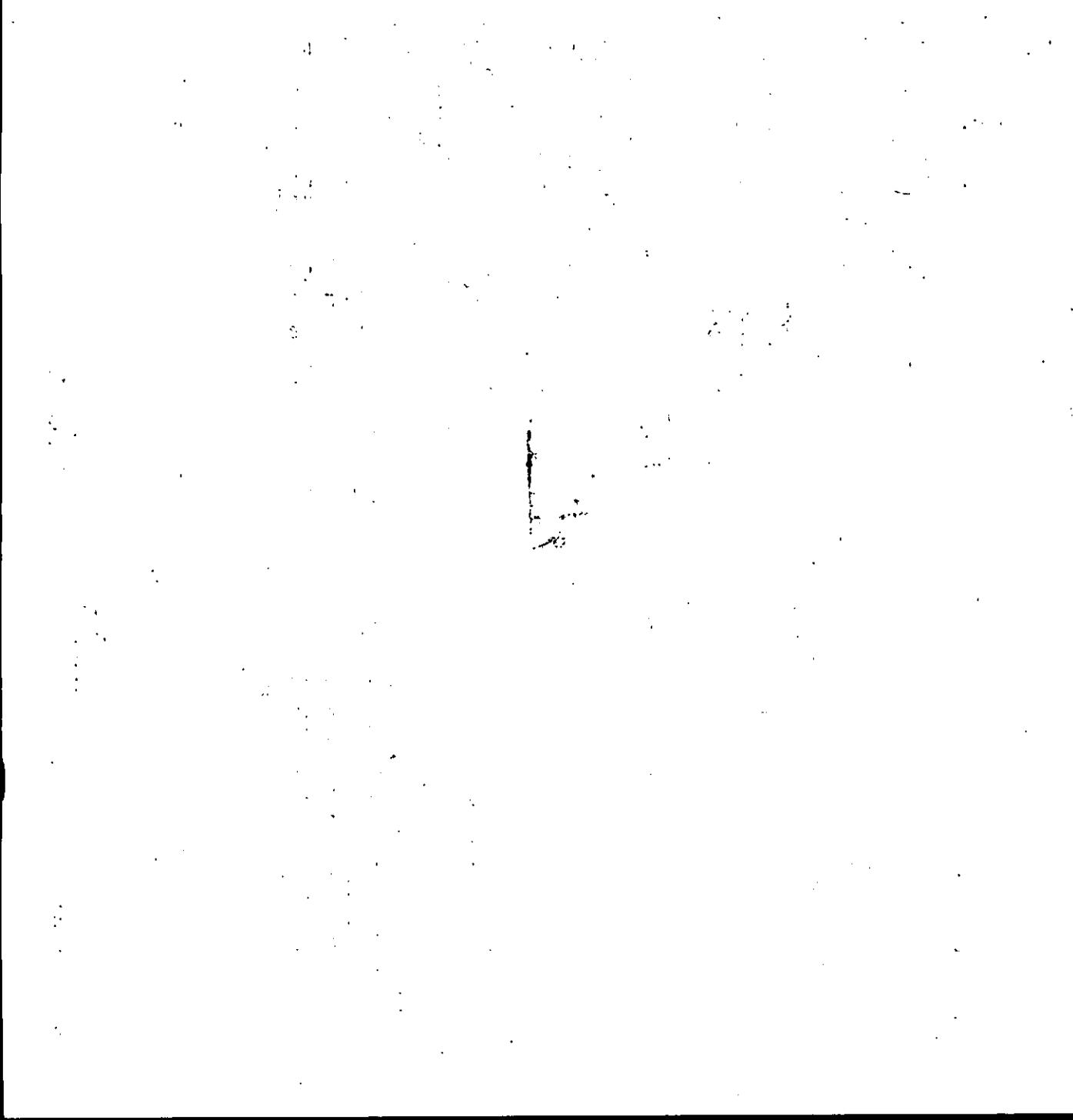
Manner of injury as above

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) S. C. Slaughter P.M.P.
 (Address) Fredericktown Mo.

By E. A. Schwaner.



A F F A D A V I I T T .

To whom it may concern:

This is to certify that I, O. A. Seely, of Rector, Ark., have known the late Theodore Beal, or as he was sometimes called Theodore Price, for the past twenty years, or since birth, and know for a fact that his name is Theodore Beale, but he also at times used his Step Fathers name, or Theodore Price.

Witness my hand and seal this 2nd day of April- 1934.

O. A. Seely
Affiant.

Subscribed and sworn to before me this 2nd day of April-1934.

W. J. H. H. H.
Notary Public.

My Comm. Exp. 4/18/36.

5-1860-B