

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 333
Township Farmer No. Primary Registration District No. 4468
City Bridgton, Mo. (No.) St. Ward)

File No. 21699
Registered No. 136

2. FULL NAME Maggie Bearis

(a) Residence, No. Bridgton, Mo. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 25

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

12. BIRTHPLACE (CITY OR TOWN) Louisiana (STATE OR COUNTRY) Mo.

13. NAME Phill Carry

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Albert Daves (ADDRESS) Bridgton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bridgton, Mo. DATE July 3, 1934

19. UNDERTAKER W. S. Wake Funeral Home (ADDRESS) 424 1/2 Broadway Ave.

20. FILED July 2, 1934 H. A. Gentler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27 1934 to June 29 1934

I last saw person alive on June 27 1934. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Myocarditis
131
920
930
Other contributory causes of importance:
Septicemia

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.....

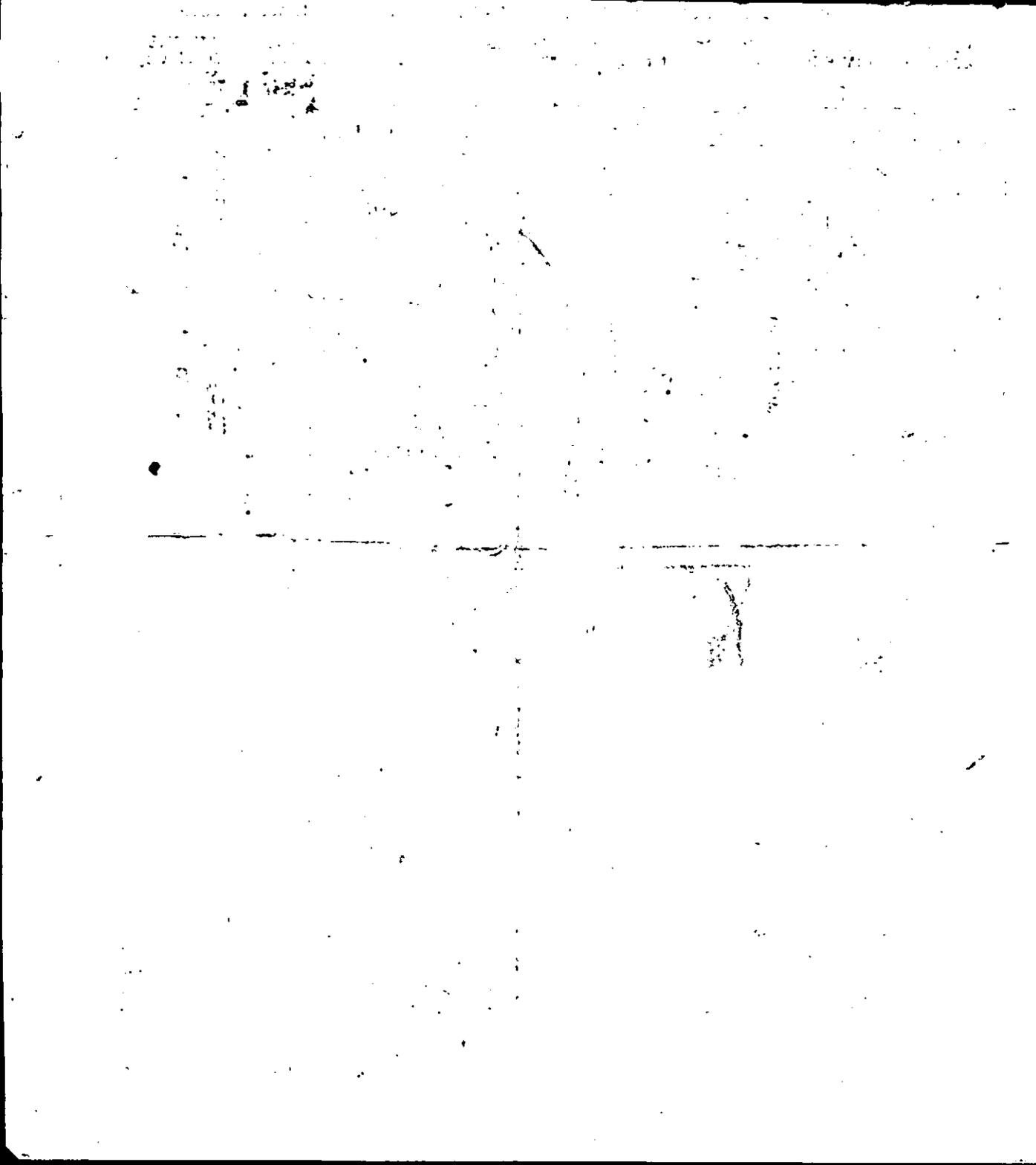
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) R. J. Shyer M.D.
(Address) 10 Washington Park, 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.

AUG 17 1934



St Louis Co

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Maggie Beal
Who died at _____ on June 29 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 75 Months 3 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: myocarditis 95 hr

Interst nephritis
Other contributory causes of importance Subacute Nephritis

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Walter Jentler, Date filed 9-25-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 333

E. T. McLaughlin M.D. S.C.

Primary Reg. Dist. No. 4468

Special Agent.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF ECONOMIC ANALYSIS
WASHINGTON, D. C. 20540

(2) 21699

OFFICE
WASHINGTON STREET
ST. CHARLES 275

RESIDENCE
1010 WASHINGTON STREET
ST. CHARLES 1091

DR. F. O. TYLER

PHYSICIAN AND SURGEON

ST. CHARLES, MO.

HOURS: 9 TO 12 M. 2 TO 5 P. M. 7 TO 8:30 P. M.
SUNDAY 9 TO 12 M.

Dr. N. A. Zetter.

Re: Maggie Beal, deceased

Dear Doctor: As per request of

Oct. 16, 1934. Subacute Nephritis -
Etiology - Unknown.

Respectfully

Dr. F. O. Tyler

S-(2)21699 June 29 - 1934