

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

Do not use this space.

1. PLACE OF DEATH

County Putnam
Township _____
City Unionville (No. _____)

Registration District No. 718
Primary Registration District No. 6430

File No. 25988
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

1 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

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

22. I HEREBY CERTIFY that I attended deceased from July 21, 1934 to July 22, 1934
I last saw her alive on June 22, 1934 Death is said to have occurred on the date stated above, at 4 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1854

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) June 1928 11. Total time (years) spent in this occupation all

Other contributory causes of importance: 92A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

Medical Registration
92A
Date of onset _____

13. NAME William Johnson

Name of operation no Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

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

15. MAIDEN NAME Jane Green

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1934

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) The Roy Jones Unionville, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville DATE July 23, 1934

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) Conestoga Mfg Co Unionville, Mo.

If so, specify _____ (Signed) E. C. Montgomery M. D.
(Address) Unionville, Mo.

20. FILED July 23, 1934 W. O. Sullivan Registrar.

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 16 1934

WRITE PLAINLY, WITH OUTFOLDING TABS—THIS IS A PERMANENT RECORD

1945
1946
1947
1948
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025