

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 1039 County Sullivan Registration District No. 849
 Township Penr Primary Registration District No. 4574
 City Greencastle (No. _____) St. _____ Ward _____

2. FULL NAME William Lowden Beall

(a) Residence, No. _____ 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed - Clarissa Beall</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 25, 1848</u> | | |
| 7. AGE <u>86</u> | YEARS <u>3</u> | MONTHS <u>6</u> |
| DAYS <u>6</u> | | IF LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u> | | |
| 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) <u>Ripley County, Indiana</u> | | |
| 13. NAME <u>Nivian Beall</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> | | |
| 15. MAIDEN NAME <u>Clarissa F. A. Johnson</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> | | |
| 17. INFORMANT <u>Walter Beall</u> (ADDRESS) <u>Greencastle, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greencastle</u> DATE <u>7-3</u> 19 <u>34</u> | | |
| 19. UNDERTAKER <u>Glenn E. Kent</u> (ADDRESS) <u>Green City, Mo.</u> | | |
| 20. FILED <u>7-9</u> 19 <u>34</u> <u>Virginia Gibson</u> Registrar | | |

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1934, to July 1 1934
 I last saw him alive on Jan 2 1934. Death is said to have occurred on the date stated above, at 7 PM.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Old age
 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? NO
 If so, specify _____
 (Signed) Wm. Parsons, M. D.
 (Address) Greencastle, Mo.

