

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.

NOV 23 1934

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

Do not use this space.

1. PLACE OF DEATH

County GREENE  
Township REPUBLIC  
City REPUBLIC (No. ...., St. .... Ward)

Registration District No. 317  
Primary Registration District No. 4192

File No. 39083  
Registered No. ....

2. FULL NAME MARY, LANDERS, BEAL

(a) Residence, No. .... MAIN St., FIRST Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 22 1867  
7. AGE YEARS 67 MONTHS 3 DAYS 14 If LESS than 1 day, .... hrs. or .... min.

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

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

13. NAME JOHN LANDERS

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

15. MAIDEN NAME ELLEN WILSON

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

17. INFORMANT Dr. G. L. Beal (ADDRESS) Republic Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical DATE 11/8

19. UNDERTAKER Dr. P. Harrison (ADDRESS) Republic Mo

20. FILED 11/8 1934 Mrs. Bertha Namke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Nov Oct 28, 1934 to Nov 6, 1934  
I last saw her alive on Nov 5, 1934 Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Apoplexy (Hemiplegia) Date of onset Oct 28-31  
arterio-sclerosis  
Hypertension

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? ..... 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) Gay Stallaway, M. D.  
(Address) Springfield, Mo

