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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

DEC 13 1934

Do not use this space.

41218

File No. 41200

Registered No.

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 1326 N. Taylor St. Ward)

2. FULL NAME Eliz. E Beaty

(a) Residence, No. 1326 N taylor St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3.1.1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	~~7~~ 8	~~23~~ 22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work at home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin, Ills. 92

FATHER

13. NAME S.R. Beaty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cinn. Ohio.

MOTHER

15. MAIDEN NAME Susan Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cinn. Ohio

17. INFORMANT Myrtle Ferguson
(ADDRESS) 1326 N Taylor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin, Ill. DATE 11/24/ 1934

19. UNDERTAKER Cullen Kelly
(ADDRESS) 1416 N Taylor Ave

20. FILED NOV 23 1934 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/ 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1933 to Nov. 22nd 1934

I last saw her alive on 11/22 1934 Death is said to have occurred on the date stated above, at 1:10am

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

	Date of onset
Chr. myocarditis, Chr. endocarditis, involving mitral. Chr. hepatic cirrhosis. Chr. arteriosclerosis. Chr. Int. nephritis.	1931

Other contributory causes of importance:

Myocardial decompensation. General anasarca. Bile-emia, due to yellow jaundice. Uremia and

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?

If so, specify

(Signed) Tula B. Turner, M. D.

(Address) 3718 Jennings Rd.

uremic coma for past month.