

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

Do not use this space.

42119

JAN 14 1934

**1. PLACE OF DEATH**

County Butler  
Township Coon Island  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 88  
Primary Registration District No. 6268

File No. \_\_\_\_\_  
Registered No. 42  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

David Ira Beach

(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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
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. none  
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) Healyville Missouri

13. NAME Ira Beach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri

15. MAIDEN NAME Gda Mills

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

17. INFORMANT Ira Beach  
(ADDRESS) Healyville - Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Coon Island DATE Dec. 20 1934

19. UNDERTAKER  
(ADDRESS) \_\_\_\_\_

20. FILED 12-19- 1934 R. L. Sumner  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11 P. m.

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

Had no medical attendance and the mother and grand parents do not know what caused its death.

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) R. L. Sumner, M. D.  
(Address) Healyville - Mo.

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.

