

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

Do not use this space.

43818-A  
M...  
no  
File No. ....  
Registered No. 4

1. PLACE OF DEATH

County Newton  
Township East Benton  
City (No. ....) St. .... Ward .....

Registration District No. 608  
Primary Registration District No. 6264

File No. ....  
Registered No. 4

2. FULL NAME

Jane Ann M<sup>rs</sup>. Bee  
(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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 0 11

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

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

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) Near Neosho Missouri

13. NAME Ray M<sup>rs</sup>. Bee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christopher Missouri

15. MAIDEN NAME Jane Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M<sup>rs</sup>. Nutt. Missouri

17. INFORMANT (ADDRESS) Ray M<sup>rs</sup>. Bee #3 Neosho Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Angel Society DATE 12-21-1934

19. UNDERTAKER (ADDRESS) Ruby Thompson Neosho Mo.

20. FILED Apr 12 1935 L. N. Parnell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934 to Dec 20, 1934  
I last saw him alive on Dec 19, 1934 Death is said to have occurred on the date stated above, at 11:30 Am.  
The principal cause of death and related causes of importance were as follows:

Acute Meningitis Date of onset Dec 15  
Influenza IB Dec 10

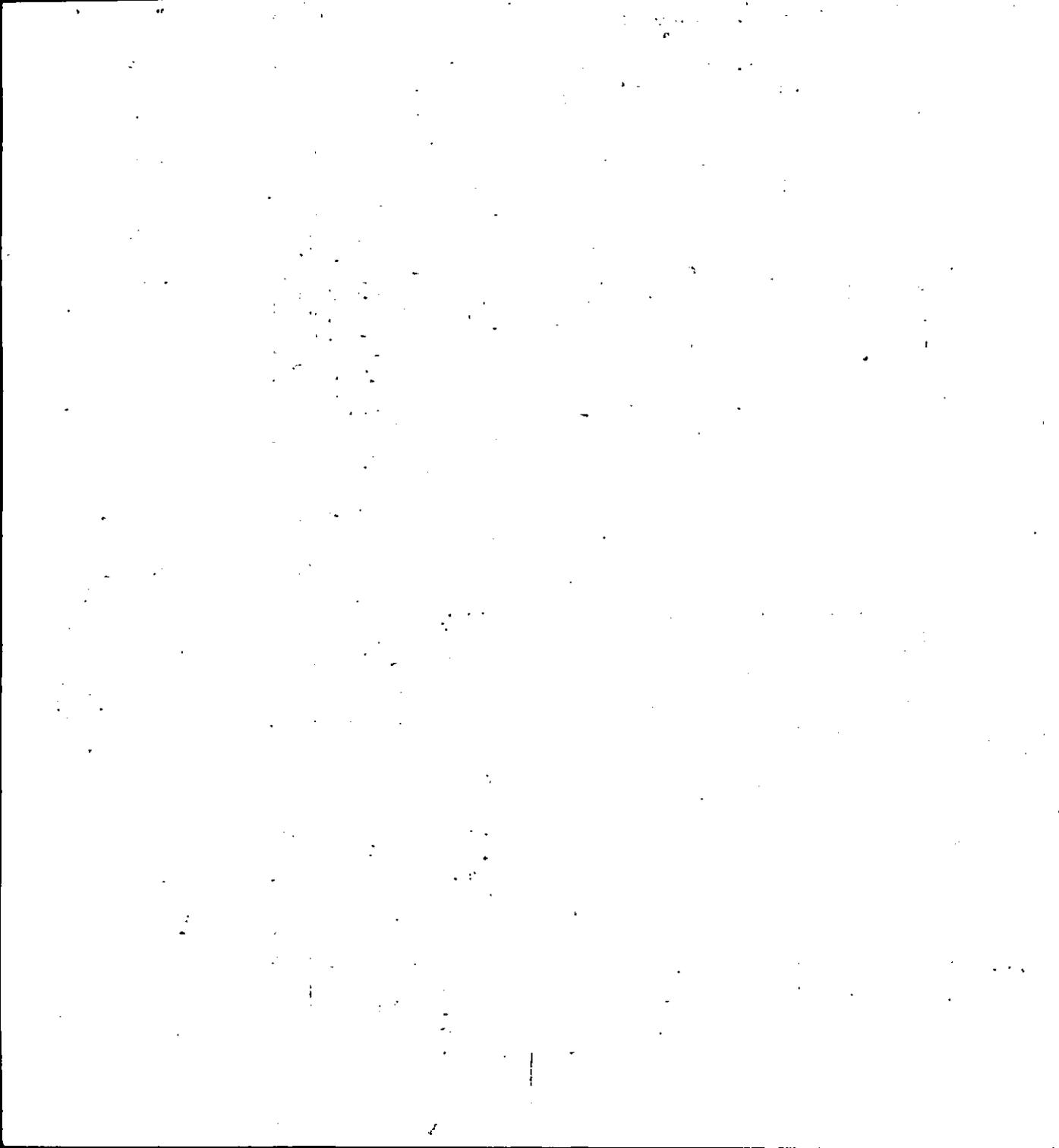
Other contributory causes of importance: Influenza

23. If death was due to external causes (violence), fill in also the following: Name of operation ✓ Date of ✓  
What test confirmed diagnosis? ✓ Was there an autopsy? ✓

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

(Signed) C. E. Myners, M. D.  
(Address) Neosho Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If uncertain, state nearest year. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Newton Registration District No. 608 File No. \_\_\_\_\_  
 Township to Benton Primary Registration District No. 6264 Registered No. 14  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jane Ann McRee  
 (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 F 4. COLOR OR RACE A 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>5</u>	<u>11</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED July 6 1935 Ada Collins Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 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 \_\_\_\_\_ m.

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

Acute Meningitis Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? chol 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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

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