

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.

JAN 2 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45665

1. PLACE OF DEATH

County Wright
 Township Franklin
 City Manfield

Registration District No. 907
 Primary Registration District No. 4548

File No. _____
 Registered No. 39
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 25 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>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles L. Beach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 - 1862</u>		
7. AGE <u>72</u>	YEARS <u>0</u>	MONTHS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Young Center, Iowa</u>

13. NAME <u>Myron Alverson</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>

15. MAIDEN NAME <u>Oliver Pratt</u>
--

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>

17. INFORMANT (ADDRESS) <u>Walter Beach, Springfield, Mo.</u>
--

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manfield Cem.</u>

19. UNDERTAKER (ADDRESS) <u>W. A. Steffen, Manfield, Mo.</u>

20. FILED <u>Dec. 31, 1934</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to Dec 9, 1934.
 I last saw him alive on Dec 9, 1934. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
aortic Stenosis Date of onset not known

Other contributory causes of importance:
aortic Sclerosis Date of onset not known

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) J. A. Tison, M. D.

(Address) Manfield, Mo.

Registrar

