

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.

APR 17 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8747

1. PLACE OF DEATH

County LincolnTownship StonberryCity Stonberry (No. 314)Registration District No. 314Primary Registration District No. 4190File No. 8Registered No. 8St. Stonberry Ward Stonberry2. FULL NAME Mrs. Florence May Beets(a) Residence, No. St. Ward Stonberry

(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 F.4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED
KIND OF WORK DONE, AS SPINNER,
SAWYER, BOOKKEEPER, ETC. Dr. J. C. Beets
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 12 1870

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Housewife9. 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) ✓11. Total time (years)
spent in this
occupation. ✓12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Brownsville
Indiana

MOTHER FATHER

13. NAME Wm. E. Beets14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana15. MAIDEN NAME Rhoda Talbot16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ind.17. INFORMANT Dr. J. C. Beets
(ADDRESS) Stonberry Ind

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stonberry IndDATE 3/5

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19. UNDERTAKER St. Phillips
(ADDRESS) Stonberry Ind20. FILED 3/1419 35

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 193522. I HEREBY CERTIFY, That I attended deceased from
March 1, 1935, to March 3, 1935I last saw her alive on March 2, 1935 Death is said
to have occurred on the date stated above, at 3:15 p.m.

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

Garcinoma?
Decaying tuberc.

Date of onset

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) Jas. A. Crockett, M. D.(Address) Stonberry, Ind.

Registrar.

Dr. J. G. Crockett.