

Dr. Nelson

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

Do not use this space.

JUN 26 1935

13699

1. PLACE OF DEATH

County New Madrid  
Township New Madrid  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 604  
Primary Registration District No. 5802

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

2. FULL NAME

Junior K. McBeath

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2 - 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 ✓

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. ✓  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Missouri

13. NAME Lee McBeath

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

15. MAIDEN NAME Minnie Lewis

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

17. INFORMANT Lee McBeath (ADDRESS) New Madrid, Mo Route 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Sandy Hill New Madrid Mo DATE April 5 1935

19. UNDERTAKER Andersons Bur Co (ADDRESS) New Madrid, Mo

20. FILED 421 1935 W. G. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29 1935, to April 3 1935

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:50 a.m.

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

Bronchial  
Pneumonia  
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.

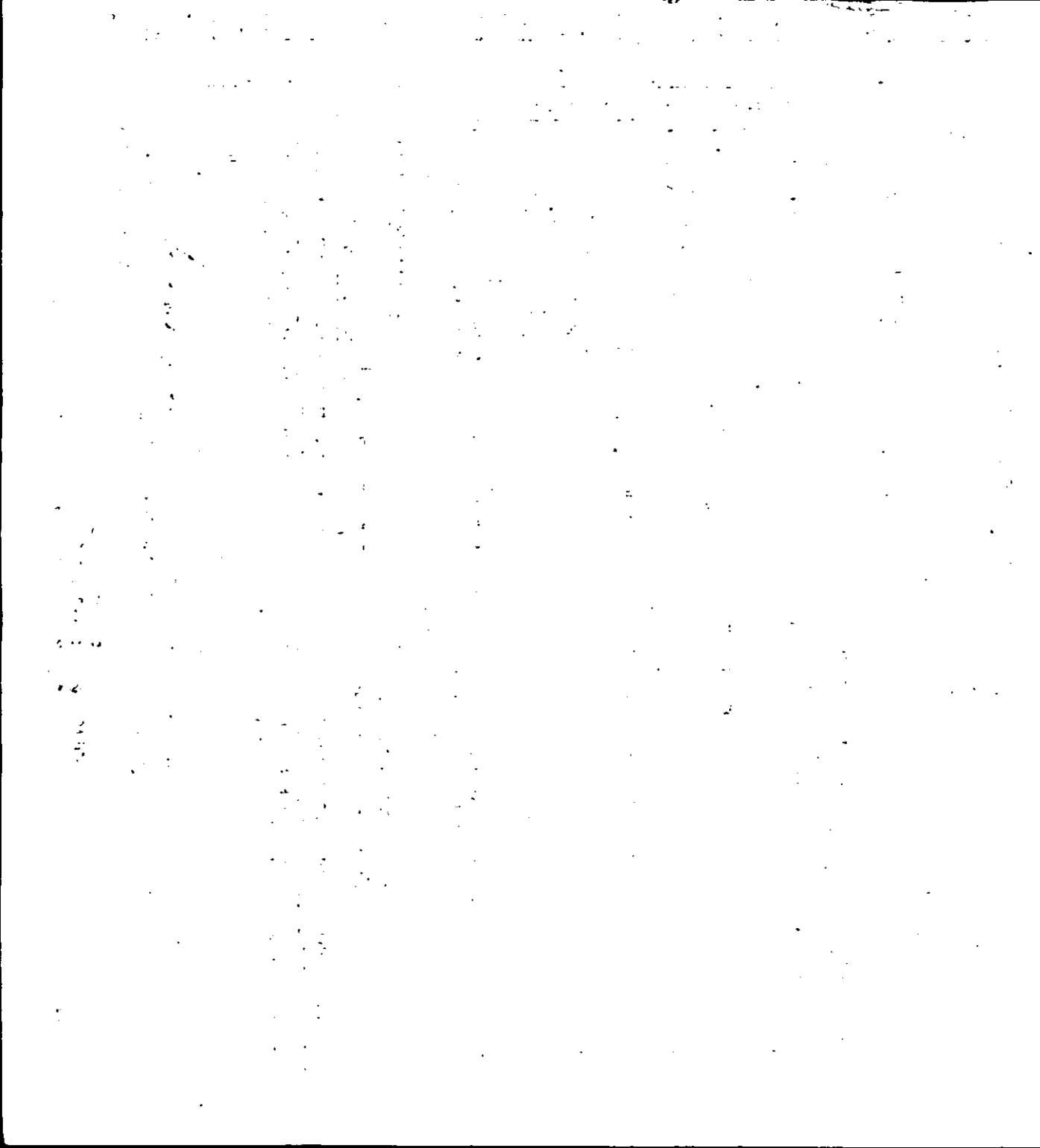
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) G. N. Nelson M. D.  
(Address) Felton, 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.

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**1. PLACE OF DEATH**

County New Madrid  
Township .....  
City (No. ....) St. .... Ward)

Registration District No. 604  
Primary Registration District No. 5802

File No. ....  
Registered No. ....

**2. FULL NAME**

(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 m 4. COLOR OR RACE C. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1935

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

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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

Bronchitis Gaumonia  
(Probably influenza)

OCCUPATION 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.  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation

Other contributory causes of importance:  
9

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

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

MOTHER FATHER 13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

MOTHER FATHER 15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

19. UNDERTAKER (ADDRESS)

(Signed) ..... M. D.  
(Address) .....

20. FILED 7-2 35-3108 Registrar.

This statement of OCCUPATION is very important. It is necessary to be properly classified.

S-13699