

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

Do not use this space.

APR 29 1935

14312

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registrar's District No. **1003**
 City **Shannon Mo.** (No. **7033**) **Walden** St. Ward) **St. Francis Mo.**

2. FULL NAME

(a) Residence, No. **7033 Walden** St., **4** Ward, **St. Francis Mo.**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **39** 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-31-1869**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65- 8 3

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

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

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) **St. Francis Co Mo.**

13. NAME **John Beave**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Madison Co Mo.**

15. MAIDEN NAME **Leviada Beave**

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

17. INFORMANT (ADDRESS) **John Stuart 7033 Walden**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walden Mo.** DATE **April 7 1935**

19. UNDERTAKER (ADDRESS) **Walden Mo.**

20. FILED **PP - 5 1935** **J. F. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 4 1935**

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **4:45 A.**

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

**Dr. Myocarditis
Arteriosclerosis**

Other contributory causes of importance: **930**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **no**

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) **Harold Blum** M.D.
 (Address) **Walden Mo.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 OCCURATION is very important.

