

JUN 21 1935

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

Do not use this space.

16271

1. PLACE OF DEATH

County Henry
Township Fairview
City Deepwater (No.)

Registration District No. 351
Primary Registration District No. 5492

File No.
Registered No. 9
St. Ward)

2. FULL NAME

(a) Residence, No. R.R. # 2 - St., Mo. Ward.

Length of residence in city or town where death occurred 1 yrs. 15 mos. ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 6 21

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

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

FATHER 13. NAME Andrew Jackson

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

MOTHER 15. MAIDEN NAME Eliabed Jane Adams

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

17. INFORMANT Myrtle Grove (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Albison Kan. DATE 5-8 1935

19. UNDERTAKER Fred Wilkinson (ADDRESS) Albison Kan.

20. FILED 6-10 1935 J. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1935 to 5-6 1935

I last saw him alive on 5-5 1935 Death is said

to have occurred on the date stated above, at 7:55 A.M.

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

Cerebral Hemorrhage with Paralysis 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) J. J. Russell M. D. (Address) Albison Kan.

WRITE PAINTLY, 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 OCCUPATION is very important.

