

AUG 9 1935

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

Do not use this space.

24910

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City *St. Louis* (No. *212*, S. *Jefferson*)

File No. ....  
Registered No. **6346**  
St. .... Ward)

2. FULL NAME *Rosie Beavers*

(a) Residence, No. *212* S. *Jefferson* St., *22* 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 *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-7-1896*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>29</i>	<i>2</i>	<i>12</i>	

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

12. BIRTHPLACE (CITY OR TOWN) *Fayetteville* (STATE OR COUNTRY) *Tennessee*

13. NAME *John Hayes*

14. BIRTHPLACE (CITY OR TOWN) *Tennessee* (STATE OR COUNTRY)

15. MAIDEN NAME *Unknown*

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

17. INFORMANT... *Tom Beavers* (ADDRESS) *212 S. Jefferson Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *July 26 1935*

19. UNDERTAKER... *P. V. Atkins* (ADDRESS) *3317 Delmar Blvd*

20. FILED *Jul 26 1935* *J. F. Beddeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-19 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 15 1935* to *July 19 1935*. I last saw her alive on *July 17 1935*. Death is said to have occurred on the date stated above, at *4:30 P. m.*

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

*Acute Atrophy*  
*Liver* *9 Weeks*

Other contributory causes of importance: *125*

Name of operation... Date of...  
What test confirmed diagnosis *Clinical* 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? *Yes*  
If so, specify... (Signed) *Vincent J. Mulligan* M. D. (Address) *2335 Franklin*

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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