

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

Do not use this space.

OCT 24 1935

29981

1. PLACE OF DEATH

County Lawrence Registration District No. 467
 Townshp. Aurora Primary Registration District No. 5628
 City Aurora (No. R.F.D. # St. Ward)

File No.
 Registered No. 48

2. FULL NAME Hilda Beshears

(a) Residence, No. R.F.D. # Aurora Mo. 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 Female 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 Miles W Beshears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-18-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 3 21

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) Barry County (STATE OR COUNTRY) Missouri

13. NAME John Craft

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

15. MAIDEN NAME Emily Blythe

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

17. INFORMANT Miles W Beshears (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Sept. 10 19 35

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 9-9 1935 R. D. Cowan, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935 to Sept. 9, 1935
 I last saw her alive on Sept. 9, 1935. Death is said to have occurred on the date stated above, at 9.00 a.m.

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

Pulmonary tuberculosis Date of onset

 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis Clinical Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no

If so, specify
 (Signed) Thomas D. Miller, M. D.
 (Address) Aurora, 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.

OCCUPATION
MOTHER
FATHER

