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 OCCUPATION is very important.

JAN 20 1936

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

Do not use this space.

33737-1

1. PLACE OF DEATH
County Ripley
Township Union
City Ponder (No. ..... St. ..... Ward)
Registration District No. 753
Primary Registration District No. 5997
File No. 13
Registered No. 1339

2. FULL NAME Thomas Jefferson Beal
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Alma Beal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1867
7. AGE YEARS 68 MONTHS 4 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

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. Farmer
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) Tenn.

FATHER
13. NAME Mathew Beal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Rhoda Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Family Mrs T J Beal
18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithers Grove Yard DATE Oct 15 1936
19. UNDERTAKER (ADDRESS) Neighbors
20. FILED Oct. 15 1935 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1935, to Oct 14, 1935
I last saw him alive on 6, 19..... Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Oct 14 1935

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) Clifford Gofort, M. D.
(Address) Doniphan Mo