

JAN 16 1936

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

Do not use this space.

38532

1. PLACE OF DEATH

County Bates Registration District No. 156  
Township Charlotte Primary Registration District No. 5078  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 5

2. FULL NAME Harold Beebe

(a) Residence, No. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
0 I 4

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

12. BIRTHPLACE (CITY OR TOWN) Bates Co. Missouri  
(STATE OR COUNTRY)

13. NAME Sheldon Beebe

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

15. MAIDEN NAME Burnice Martin

16. BIRTHPLACE (CITY OR TOWN) Kansas City Mo.  
(STATE OR COUNTRY)

17. INFORMANT Sheldon Beebe  
(ADDRESS) Amoret

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry DATE Dec 29, 1935

19. UNDERTAKER None  
(ADDRESS)

20. FILED Dec 29, 1935 C. A. Lusk  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 mor to Dec 28, 1935  
I last saw him alive on Dec 28, 1935 Death is said to have occurred on the date stated above, at 6:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Pneumonia - Lobar  
Date of onset  
Other contributory causes of importance: 100

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical history 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 Chas. A. Lusk, Jr, M. D.  
(Signed) Chas. A. Lusk, Jr  
(Address) 1311 W. 11th

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.

The following table shows the results of the survey conducted in the year 1950-1951. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is divided into two main sections, A and B, which correspond to different geographical areas or groups.

Category	Group A	Group B	Total
1. Male	120	150	270
2. Female	180	220	400
3. Total	300	370	670
4. ...	...	...	...
5. ...	...	...	...
6. ...	...	...	...
7. ...	...	...	...
8. ...	...	...	...
9. ...	...	...	...
10. ...	...	...	...
11. ...	...	...	...
12. ...	...	...	...
13. ...	...	...	...
14. ...	...	...	...
15. ...	...	...	...
16. ...	...	...	...
17. ...	...	...	...
18. ...	...	...	...
19. ...	...	...	...
20. ...	...	...	...

The data indicates a significant difference between the two groups, with Group B generally showing higher values across most categories. Further analysis of the individual data points is required to determine the underlying causes of these differences.