

JAN 16 1936

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

Do not use this space.

39173

1. PLACE OF DEATH

County Franklin Registration District No. 295
Township Mesance Primary Registration District No. 4179
City Sullivan (No.) St. Ward)

2. FULL NAME

Marguerite Lillian Bealke
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 24, 1891</u>		
7. AGE	YEARS	MONTHS
<u>3</u>	<u>43</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sales Lady</u>		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) <u>11/23</u>		11. Total time (years) spent in this occupation <u>15</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sullivan Mo</u>		
13. NAME <u>Jos. Ches. Bealke</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Ellen C. Dempsey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
17. INFORMANT (ADDRESS) <u>J. M. Tompkins</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic</u> DATE <u>Dec. 24, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Ray. H. ...</u>		
20. FILE <u>27/27/35</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1935, to Dec 22, 1935

I last saw her alive on Dec 21, 1935. Death is said

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

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

Diabetic Coma. 12/20
5A
Other contributory causes of importance:
Diabetes 64/12

Name of operation None Date of None
What test confirmed diagnosis physical 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? No
If so, specify

(Signed) R. P. ... M. D.
(Address) Sullivan 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.

