

JUN 6 1936

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

Do not use this space.

40006-2  
204

1. PLACE OF DEATH  
5 County Jefferson Registration District No. 420  
Township Keokuk Primary Registration District No. 3022  
City (No. St. Ward)

2. FULL NAME Mrs Susan Harrison  
(a) Residence, No. 302 Fullwood Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clark Harrison

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-35  
22. I HEREBY CERTIFY, That I attended deceased from 11-7-35 to 12-4-35  
I last saw her alive on 12-4-35 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
64 3 27

Carcinoma of the uterus  
Date of onset Dec 1934

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

Other contributory causes of importance:  
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods Mo.

FATHER  
13. NAME George H. Beame  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Name of operation Hysterectomy Date of Nov 1935  
What test confirmed diagnosis? Lab. Was there an autopsy? no

MOTHER  
15. MAIDEN NAME Zoe Sawyer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwoods Mo.

23. If death was due to external causes (violent), 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.

17. INFORMANT Mrs Zoe LeBeaume  
(ADDRESS)

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Keokuk DATE 12/7 1935

19. UNDERTAKER Daniel A. Neal  
(ADDRESS) 12 1/2 E. 1st St. Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Wm. S. J. J. M. D.  
(Address) 1200 W. 1st St. Mo.

20. FILED 12-4-35 H. W. Harris  
Registrar.

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.

THIS IS A PERMANENT RECORD

