

DEC 19 1935

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

Do not use this space.

40189

1. PLACE OF DEATH

County Livingston  
Township Chillicothe  
City Chillicothe (No. \_\_\_\_\_)

Registration District No. 505  
Primary Registration District No. 3026

File No. \_\_\_\_\_  
Registered No. 157  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rachel Henderson Beat

(a) Residence, No. 809 Locust St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) (STATE OR COUNTRY) Wis.

13. NAME William Beat

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

15. MAIDEN NAME Margaret Morrison

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

17. INFORMANT Mrs. Myrtle Perrine (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE in Chillicothe, Mo. DATE Dec 10, 1935

19. UNDERTAKER Meindershays (ADDRESS) Chillicothe

20. FILED Dec 9, 1935 Ronald W. Daulton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1934, to Dec 8, 1935  
I last saw h. af alive on 12-4-, 1935 Death is said to have occurred on the date stated above, at 2:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

*AWM*

Name of operation no op. Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician 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) Reuben Gorman (Address) Chillicothe, Mo.

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.

0-2-35-2

