

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

Do not use this space.

40245

**1. PLACE OF DEATH** *JAN 17 1936*  
 County *Madison* Registration District No. *638*  
 Township *St. Michael* Primary Registration District No. *5723* ✓  
 City (No. ) St. Ward)  
**2. FULL NAME** *Shirley Mae Beas*  
 (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** *Female* **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)**  
**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day** hrs. or min.  
*30*

**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.**

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Madison Co Mo*

**MOTHER** **13. NAME** *E. D. Beas*

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Bollinger Co Mo*

**15. MAIDEN NAME** *Ollie Johnson*

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Madison Co Mo*

**17. INFORMANT (ADDRESS)** *Mill Creek Mo Mrs Darby Johnson*

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** *Glenallen 12/30 35*

**19. UNDERTAKER (ADDRESS)** *None*

**20. FILED** *Dec 29 1935 S. C. S. Registrar.*

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *Dec 29 1935*  
**22. I HEREBY CERTIFY, That I attended deceased from** *Dec 28 1935 to Dec 29 1935*  
 I last saw her alive on *Dec 29 1935* Death is said to have occurred on the date stated above, at *1:00 P.M.*

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

*Atherosclerosis*  
 Date of onset  
 Other contributory causes of importance: *1612* ✓

Name of operation Date of  
 What test confirmed diagnosis? 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?** *No*  
 If so, specify

(Signed) *W. Henry Beas* M. D.  
 (Address) *Fayetteville Mo*

*By E. A. Schwane*

(20)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Madison Registration District No. 538  
 Township St. Michael Primary Registration District No. 6230  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Shirley May Bess

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29-1936</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>30</u> hrs. or <u>30</u> 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.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE _____ DATE _____ 19__				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>Jan 1</u> 1936 <u>S. C. Slaughter</u> Registrar. <u>Ray E. A. Schwabner.</u>				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset
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Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

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