

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.

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

Do not use this space.

JAN 20 1936

40749

## 1. PLACE OF DEATH

County

Ripley

Registration District No.

751

File No.

40

Township

Franklin

Primary Registration District No.

5920

Registered No.

1292

City

Ripley

(No.

St.

Ward)

## 2. FULL NAME

Nanc Cordine Beakley -

(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.

da.

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) widowed -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Beakley -		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1855		
7. AGE YEARS 80	MONTHS 7	DAYS 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife -		
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) Perry Co. Tenn -		
13. NAME Nancy Barbara		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn		
15. MAIDEN NAME Jemima Roberts -		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin		
17. INFORMANT W. C. McCreed		
18. BURIAL, CREMATION, OR REMOVAL PLACE Lull Cem. Ripley Mo. Feb 7, 1936		
19. UNDERTAKER (ADDRESS) Miss Gish Ray Co Mo		
20. FILED 1/1 1936 J. E. Eichel Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Dec 1, 1935. I last saw her alive on Dec 1, 1935. Death is said to have occurred on the date stated above, at 12 p. m. The principal cause of death and related causes of importance were as follows:  
Date of onset

careless or abandoned  
2 judge the organ is from lower pole to location

Other contributory causes of importance:  
chronic duodenal development about the time the carbuncle was discovered.

Name of operation  
What test confirmed diagnosis? stomach 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  
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) J. E. Eichel, M. D.  
(Address) Ripley Mo

