

JAN 31 1936

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

Do not use this space.

40835

1. PLACE OF DEATH

County St. Francois Registration District No. 775 File No. \_\_\_\_\_  
Township Clark Primary Registration District No. 6.0.2.0-A Registered No. 81  
City Carrollton, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Gerra Genevieve Bequette  
(a) Residence, No. Carrollton, Mo. Ward. \_\_\_\_\_ (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) Feb. 26, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Carrollton, Missouri

13. NAME Frank Bequette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village, Missouri

15. MAIDEN NAME Gouise Hanin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co, Missouri

17. INFORMANT Mrs. Gouise Bequette (ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetery DATE 12/17, 1935

19. UNDERTAKER Dechant, Fred. Co. (ADDRESS) Carrollton, Mo.

20. FILED Dec. 17, 1935 H. W. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1935 to Dec. 15, 1935

I last saw her alive on Dec. 14, 1935 Death is said to have occurred on the date stated above, at 6:20 p.m.

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

Chronic Endocarditis Date of onset 1932

Other contributory causes of importance: Acute Infectious Pharyngitis 1934

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 See Dr. Walters, M. D. (Signed) Farmington, Mo. (Address)

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.

WRITE PRINTY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

