

FEB 19 1936

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

Do not use this space.

891

1. PLACE OF DEATH

County Stamberg Registration District No. 314
Township Stamberg Primary Registration District No. 4190
City Stamberg (No. _____) St. _____ Ward _____

File No. _____

Registered No. 3

2. FULL NAME

Mrs. Donald Elizabeth Beering
(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 (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>J. C. Beering</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14 - 1898</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	11. Total time (years) spent in this occupation... <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home wife</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madawasky Co MO</u>		
FATHER	13. NAME <u>William Green</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Hester Gray</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>J. C. Beering</u> (ADDRESS) <u>Stamberg MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stamberg MO</u> DATE <u>1/20 36</u>		
19. UNDERTAKER <u>L. A. Phillips</u> (ADDRESS) <u>Stamberg MO</u>		
20. FILED <u>1/19 1936</u> <u>C. A. Beering</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 17, 1936 to Jan 17, 1936
I last saw him alive on Jan 17, 1936 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Valvular Heart Disease Date of onset About five years standing

Other contributory causes of importance:
None

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 None
(Signed) F. J. Hinkley M.D., M. D.
(Address) Stamberg MO

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

Dr. Hinkley