

APR 17 1936

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

Do not use this space.

10100

1. PLACE OF DEATH

County Gentry
Township Athens
City..... (No..... St..... Ward.....)

Registration District No. 309
Primary Registration District No. 5427

File No.....
Registered No. 23
St..... Ward.....

2. FULL NAME Maud May Beever

(a) Residence, No..... 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 (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Beever
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1880
7. AGE YEARS 56 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) New Castle (STATE OR COUNTRY) Missouri

13. NAME Lafayette Hill
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)
15. MAIDEN NAME Fannie Ellen
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Elmer Beever (ADDRESS) Albany, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chapel DATE 3-17-36 19.....

19. UNDERTAKER Clifford Brooks (ADDRESS) Albany, Mo.

20. FILED Mar. 18 1936 W. G. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dr. W. G. Martin 3/15 1936

I last saw him at home 19..... Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Chronic Coriary Arteriosclerosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify C. J. Pray, Coroner (Signed) Albany, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

