

MAY 15 1936

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

Do not use this space.

13975

1. PLACE OF DEATH

County Barren Registration District No. 36
Township Frigate Creek Primary Registration District No. 5054
City Saligman St. _____ Ward _____

2. FULL NAME

Carl Beaver

(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 Male 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) Oct 3 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 6 18

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) Saligman, Mo.

13. NAME J. C. Beaver

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

15. MAIDEN NAME Lou Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barroll Co Ark

17. INFORMANT (ADDRESS) J. C. Beaver

18. BURIAL, CREMATION, OR REMOVAL PLACE Beaver DATE 4-22 1936

19. UNDERTAKER (ADDRESS) Roon Funeral

20. FILED 4-22 1936 Police S. Frost Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936, to April 21 1936

I last saw him alive on April 21 1936 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:

Acute endo-carditis

Other contributory causes of importance:

Tonitritis
Rheumatism

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 _____

(Signed) W. Chas. P. Brown, D.O.

(Address) Saligman Mo.

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

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