

SEP 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31756

1. PLACE OF DEATH

County Montgomery
 Township Upper South
 City Wellsville (No. 595)

Registration District No. 595
 Primary Registration District No. 5991

File No. 19
 Registered No. 19
 St. Ward

2. FULL NAME

Theadora Walter Beall

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Mary Beall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1868
 7. AGE YEARS 68 MONTHS 1 DAYS 18 IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 10, 1936
 I last saw him alive on Aug 10, 1936 Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
(Hemiplegia) Left
 Date of onset Aug 10, 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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

Other contributory causes of importance:
Arterio-Sclerosis
Cerebral type
16 hypertension
 Name of operation None Date of 7 yrs
 What test confirmed diagnosis Clinical Was there an autopsy No

12. BIRTHPLACE (CITY OR TOWN) Winchester (STATE OR COUNTRY) Mo
 13. NAME Theadora F. Beall
 14. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)
 15. MAIDEN NAME Isabell Hae
 16. BIRTHPLACE (CITY OR TOWN) Penn (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury 19
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Pearl Hayes (ADDRESS) Wellsville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE Aug-11
 19. UNDERTAKER J. W. Pruitt (ADDRESS) Wellsville Mo
 20. FILED Aug 11, 1936 Mrs Mike McDermott Registrar

Manner of injury None
 Nature of injury None
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify A. A. Markovich, D.O.
 (Signed) Wellsville Mo
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

