

OCT 1 1936 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33366

1. PLACE OF DEATH

County Shannon

Registration District No. 824

Township Bond

Primary Registration District No. 6076

City

(No.

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Girl

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

VS

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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

0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

OCCUPATION

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shannon
County Mo

13. NAME

Toney Beavers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

15. MAIDEN NAME

Ollie Church

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

Toney Beavers

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Carr Creek

DATE

8-23-

6

19. UNDERTAKER (ADDRESS)

20. FILED

8-28-

1936

Frank H. Deane

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 21, 1936 to Aug 23, 1936

I last saw him alive on Aug 21, 1936 Death is said

to have occurred on the date stated above, at 5 p. m.

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

Acute Enterocolitis

Date of onset

3 weeks

Other contributory causes of importance

General debility
Undernourished

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

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)

A. H. Buzz, M. D.

(Address)

Ettington, 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.

Send to Dr. Hyde
& minerals too
Parties live on Mount Rose