

OCT 21 1936

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

Do not use this space.

36959

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 120 File No. _____
Township _____ Primary Registration District No. 3009 Registered No. 357
City St. Francis Hospital (No. _____) Ward _____

2. FULL NAME

Mr. Beulah Odell Nelson
(a) Residence, No. McClure, Illinois 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 - 1882

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 - Oct 10, 1936, to Oct 10, 1936.
I last saw h. alive on Oct 10, 1936. Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy

7. AGE YEARS 53 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

Other contributory causes of importance: Metete

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) McClure, Illinois (STATE OR COUNTRY)

13. NAME Jasper Culler

14. BIRTHPLACE (CITY OR TOWN) Paducah, Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Eugene Marchiondo

16. BIRTHPLACE (CITY OR TOWN) Montreal, Quebec, Canada (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mr. Odell Nelson, McClure, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Truett, Illinois DATE Oct 12, 1936

19. UNDERTAKER (ADDRESS) Dr. J. H. ... Cape Girardeau, Mo.

20. FILED 10-10-36 J.M. Thompson Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John D. Stupied M. D.
(Address) Cape Girardeau, Mo

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

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township _____ Primary Registration District No. 3009
 City Cape Girardeau (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 351
 St. _____ Ward _____

2. FULL NAME Mrs. Beulah O'Lea Wilson

(n) 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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.
	<u>53</u>	<u>10</u>	<u>20</u>	

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 12-28 1936 J. S. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. 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:

Date of onset

Other contributory causes of importance:

Nephritis
Chronic

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 John B. Porterfield M. D.

(Address) Cape Girardeau

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

65698-S

RECEIVED
MAY 15 1965