

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

Do not use this space.

NOV 22 1936

37123

1. PLACE OF DEATH

County Clinton
Township Grand
City Cameron (No. _____)

Registration District No. 204
Primary Registration District No. 3013

File No. _____
Registered No. 43
St. _____ Ward _____

2. FULL NAME

Julia B. Beebe

(a) Residence, No. 804 So Walnut 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from April 20 1936, 19____, to Oct. 13, 1936, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4th, 1847

I last saw her alive on Oct. 13, 1936 Death is said

7. AGE YEARS 89 MONTHS 10 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 10:15 a.m.

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

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 _____

Chronic Interstitial Nephritis Date of onset 1933

12. BIRTHPLACE (CITY OR TOWN) Zanesville, Ohio
(STATE OR COUNTRY)

Other contributory causes of importance:

13. NAME Arnold Bonifield

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

15. MAIDEN NAME Louisa Bont Know

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

17. INFORMANT Mrs Lela M. Brower
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cainsville, Mo. DATE Oct, 15, 1936

19. UNDERTAKER D. A. Moore
(ADDRESS) Cameron, Mo.

20. FILED Oct 15 1936 D. A. Keisley
Registrar.

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 _____
(Signed) Chas. M. D. M.-D.

(Address) Cameron Mo

CRUDE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of occupation is very important.

