

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH

 County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 6102
 City (No.) St. Ward

 File No. 43496
 Registered No. 42

2. FULL NAME

Lucy Beal
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Turner Beal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1881
 7. AGE YEARS 54 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

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

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) Oct. 25 11. Total time (years) spent in this occupation Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard County Missouri13. NAME J. C. Cookson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Frances Goodman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT Turner Beal (ADDRESS) Lucy, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Co. Ind. DATE 11-5-3619. UNDERTAKER W. H. Wood Co. (ADDRESS) Lucy, Mo.20. FILED 11-5, 1936 Wm. B. Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4, 1936I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to 11-4, 1936I last saw him alive on Nov 4, 1936 Death is saidto have occurred on the date stated above, at 4:50 P.M.

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

Pulmonary TuberculosisDate of onset 2-2MayOther contributory causes of importance: 33Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1936

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? NoIf so, specify E. H. Elmore, M. D.(Signed) P. H. Elmore, M. D. (Address) Lucy, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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