

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

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

Do not use this space.

JAN 18 1936

44084

1. PLACE OF DEATH

County Cedar
Township Benton
City (No.)

Registration District No. 104
Primary Registration District No. 5239

File No. 196
Registered No. St. Ward

2. FULL NAME

Lenora Begley

(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

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 - 1861		
7. AGE 75	YEARS 8	MONTHS 5
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)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.	13. NAME Michael Stickle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.	15. MAIDEN NAME Mary Hogue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.	17. INFORMANT Howard Begley
18. BURIAL, CREMATION, OR REMOVAL PLACE Sandridge DATE 12-21-1936	19. UNDERTAKER Gurne-Sidees
20. FILED 12-26-1936 Mrs. Mary Hogue Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18, 1936

22. HEREBY CERTIFY, That I attended deceased from December 13, 1936, to December 18, 1936

I last saw h. or alive on December 18, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

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

Hypostatic pneumonia
due to fractured hip

Other contributory causes of importance:

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) H. A. Smeed, M. D.
(Address) Jackson Mo

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

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1. PLACE OF DEATH

County Cedar

Registration District No. 164

File No.

Township Benton

Primary Registration District No. 5229

Registered No. 196

City

(No.)

St. Ward)

2. FULL NAME

Lenore Begley St. Ward.
 (a) Residence, No.
 (Usual place of abode)

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

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

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

7. AGE YEARS 75 MONTHS 8 DAYS 5 IF LESS than 1 day, hrs. or min.

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 12-25 1936 New Mary Hoffman Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw 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:

Hypostatic pneumonia
which is fractured hip
accidental fall.

Date of onset

Other contributory causes of importance:

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 12-12, 1936

Where did injury occur? at her home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall - accidental

Nature of injury broken hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Sigmund M. D.

(Address) Stockton

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

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