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.

JAN 19 1937

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

Do not use this space.

44562

1. PLACE OF DEATH

County Hickory — Registration District No. 365 — File No. 13

Township Wheatland — Primary Registration District No. 5511 — Registered No.

City Wheatland (No. ..... St. ..... Ward)

2. FULL NAME John Elbert Beets

(a) Residence, No. Wheatland St., ... Ward. (If nonresident, give city or town and State)
(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

3. SEX: Male
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~: Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1857

7. AGE: YEARS 79 — MONTHS 7 — DAYS 22 — If LESS than 1 day, 9 hrs. or ..... min.

OCCUPATION

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. farmer

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) Tenn

FATHER

13. NAME John Beets

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

MOTHER

15. MAIDEN NAME Sarah White

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

17. INFORMANT (ADDRESS) Martha Beets Wheatland

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gardner DATE Dec. 26, 1936

19. UNDERTAKER (ADDRESS) J. B. Luckey Wheatland Mo

20. FILED 12-26-, 1936 Mrs. A. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April, 1933 to Dec - 24 -, 1936

I last saw him alive on Dec - 24 -, 1936 Death is said to have occurred on the date stated above, at 9 p.m.

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

Chronic Myo-Carditis — Date of onset Unknown

Other contributory causes of importance: Duodenal Ulcer

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Phys. Exam. 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 ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. S. Johnston, M. D.

(Address) Wheatland Mo