JUL 1 1936

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

Do not use this space.

1. PLACE OF DEATH
County Mercer — Registration District No. 558 — File No. 48489
Township Harrison — Primary Registration District No. 5749 — Registered No. 40
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Beverly Joan Bain
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-36
7. AGE YEARS Still Born MONTHS DAYS — If LESS than 1 day, ... 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. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Harrison Tw (STATE OR COUNTRY) Camesville Mo

FATHER
13. NAME Ray Bain
14. BIRTHPLACE (CITY OR TOWN) Camesville Mo (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Jessie Reynolds
16. BIRTHPLACE (CITY OR TOWN) Beychdale Mo (STATE OR COUNTRY)

17. INFORMANT Ray Bain (ADDRESS) Camesville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill Cem DATE June 2 1936
19. UNDERTAKER Eddie J Stockton (ADDRESS) Camesville Mo
20. FILED June 1 1936 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1936
22. I HEREBY CERTIFY, That I attended deceased from Still Born, 19..., to ....., 19....
I last saw h..... alive on June 1, 1936 Death is said to have occurred on the date stated above, at 11:45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	
Cause unknown	June 1-36
Ordinary Birth	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Physsyn 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) T. S. Duff M. D.
(Address) Camesville, Mo, (Phone)

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.

MARGIN RESERVED FOR BINDING