

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

Do not use this space.

49393

1. PLACE OF DEATH

County St. Francois Registration District No. 775 File No. _____
 Township Perry Primary Registration District No. 6020-A Registered No. 87
 City Banner Terre (No. Banner Terre Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7001st 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-26-36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 0 0 0

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) Bonne Terre, Missouri
 (STATE OR COUNTRY) Missouri, Mo.

MOTHER FATHER
 13. NAME John S. McBeal

14. BIRTHPLACE (CITY OR TOWN) Esther, Mo.
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Foyel Gray

16. BIRTHPLACE (CITY OR TOWN) Elwood, Mo.
 (STATE OR COUNTRY) _____

17. INFORMANT John S. McBeal
 (ADDRESS) 405 Carleton, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec. 28, 1936 M. W. Hawkins
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1936, to 1-26, 1936

I last saw her alive on 12-26, 1936 Death is said to have occurred on the date stated above, at 10 m.

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

Decomposed fetus at 7 month gestation
cause of death
infection

Other contributory causes of importance: _____

Name of operation Obese 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 Stillborn (Sign) _____, M. D.
 (Address) Farmington, 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.

