

L. B. ...

Do not use this space.

1845

**FEB 17 1937 MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township Calena Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (No. 420 St. John's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Maggie Beall

(a) Residence, No. 219 East 7th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>8</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26th

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. 1

12. BIRTHPLACE (CITY OR TOWN) Marshallfield (STATE OR COUNTRY) Massachusetts

13. NAME Alfred Stokew

14. BIRTHPLACE (CITY OR TOWN) Marshallfield (STATE OR COUNTRY) Massachusetts

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Alton (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs Margaret Roche (ADDRESS) 2650 E 8th Joplin, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cemetery DATE January 14, 1937

19. UNDERTAKER Lanpher Mortuary (ADDRESS) 1502 Joplin St. Joplin, Mo.

20. FILED 1-15-37 Ed B. Jarman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Jan 12, 1937

I last saw her alive on Jan 12, 1937 Death is said to have occurred on the date stated above, at 1:15 p. m.

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

Arterial Sclerosis Date of onset \_\_\_\_\_

Senile Debility

Other contributory causes of importance:

None

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 \_\_\_\_\_

(Signature) W. H. Brooks here! M. D.

(Address) Joplin Mo

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.

