

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

FEB 18 1937

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

Do not use this space.
2310

1. PLACE OF DEATH

County Monroe Registration District No. 579 File No. _____
 Township Monroe Primary Registration District No. 5776 Registered No. _____
 City _____ (No. 21) St. _____ Ward _____

2. FULL NAME Jennie Beardsworth

(a) Residence No. _____ St. _____ Ward _____ (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>/</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/9/1859</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Leopoldstadt, Vienna</u>				
FATHER	13. NAME <u>Wm Beardsworth</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Ann Dupont</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>			
17. INFORMANT (ADDRESS) <u>Jennie Beardsworth, 1214 Madison, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Central Park</u> DATE <u>Jan 15 1937</u>				
19. UNDERTAKER (ADDRESS) <u>W. W. Eubank, 1214 Madison, Mo</u>				
20. FILED <u>1/17</u> 19 <u>37</u> <u>W. W. Eubank</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13 1936, to Jan 3 1937
 I last saw her alive on Jan 2 1937 Death is said to have occurred on the date stated above, at 5 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Jan 1

Other contributory causes of importance:
Fractured hip Oct. 13
Chronic nephritis
Chronic myocarditis

Name of operation Cast applied (Date of Oct 20)
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external cause (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) G. R. Arnold, D.D., M.D.
 (Address) Madison, Mo

1941

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Monroe
Township Marion
City (No.) (No.) St. (No.) Ward

Registration District No. 579
Primary Registration District No. 5776B

File No. _____
Registered No. _____

2. FULL NAME Jessie Bloodworth

(*) 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) W

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

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

7. AGE YEARS 77 MONTHS 9 DAYS 25 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 1/4 1937 W. W. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, Mo.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Death not due to natural causes
fractured hip Oct. 13
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), give in also the following:
Accident, suicide, or homicide? specieal of injury Oct 13 1936
Where did injury occur? (same) Country
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury fall
Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) T. P. Turner M. D. O.
(Address) Madison mo

Mrs. Freda Thompson

CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of cause of death

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