APR 27 1937

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

Do not use this space.

File No. 13585

Registered No. 147

1. PLACE OF DEATH
County St. Louis
Township [illegible]
City Jefferson Barracks U.S. Veterans Hospital St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME Beggs Ted.
(a) Residence, No. Carrier, Mills St. Ill. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. Entire life.
How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

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~~ Tell, Beggs.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1891.
7. AGE YEARS 45 MONTHS 4 DAYS 3. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner.
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) Jan 1937
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrier Mills Ill.

FATHER
13. NAME Beggs Tom. F
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson county Illinois

MOTHER
15. MAIDEN NAME Beggs Louise
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson county Ill.

17. INFORMANT (ADDRESS) Records Edgar Miller Carrier Mills, Illinois
18. BURIAL, CREMATION, OR REMOVAL. PLACE Salem, Ill. DATE 3-30-37
19. UNDERTAKER (ADDRESS) Edgar Miller Carrier Mills, Illinois
20. FILED April 3, 1937 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1937, to Mch. 28, 1937
I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	
Korsakoffs Syndrome	
severe	

Other contributory causes of importance:
V. H. D. chronic
mitral insufficiency
Neuritis multiple

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. no
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) C. W. Hughes, M. D.
(Address) Jefferson Barracks 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.