JUN 22 1937

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

Do not use this space.

20251

1. PLACE OF DEATH

County Jackson — Registration District No. 396 — File No.

Township Ft Osage — Primary Registration District No. SSS 2 — Registered No.

City Sibley (No. , St. Ward)

2. FULL NAME Mrs. Sallie K. Beavers

(a) Residence, No. Sibley Mo. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. C. Beavers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1868

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 68 | 8 | 26 | |

OCCUPATION

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

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) Rockingham County Va.

FATHER

13. NAME Frank Pence

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockingham County Va.

MOTHER

15. MAIDEN NAME Elizabeth Baxter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockingham County Va.

17. INFORMANT (ADDRESS) Mrs. Viola Mundey Sibley Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner Mo. DATE 2/21/1937, 19

19. UNDERTAKER (ADDRESS) Vernon M. Reppert. Buckner Mo.

20. FILED Feb 20, 1937 John W Robertson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Feb 18, 1937

I last saw her alive on Feb 18, 1937. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Lobar Pneumonia — Date of onset Feb 16, 1937

Other contributory causes of importance:

Influenza

Name of operation none Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify X

(Signed) John W Robertson, M. D.

(Address) Buckner, 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.