

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 643 File No. 20881
 Township Jefferson Primary Registration District No. 5852 Registered No. _____
 City _____ St. _____ Ward _____
 2. FULL NAME Elizabeth Beullage
 (a) Residence, No. Koenig mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Frank Beullage
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2-1863
 7. AGE YEARS 73 MONTHS 9 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. general housework
 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) Germany
 FATHER 13. NAME George Peffer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Annie Kelling
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Louis Beullage
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bland mo DATE April 8 1937
 19. UNDERTAKER Samuel Licklider (ADDRESS) Belle mo
 20. FILED _____ 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937
 22. I HEREBY CERTIFY, That I attended deceased from March 19 1937 to April 6 1937
 Last saw him alive on March 26 1937 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Periculous Erythra due to bractinety of liver & kidneys
 Date of onset _____
 Other contributory causes of importance: nil
 Name of operation _____ Date of _____
 What test confirmed diagnosis Physical examination 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 Dr Charles Peach, M. D.
 (Signed) _____ (Address) Bland mo # 3

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.

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