

# OCT 21 1937 MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Miller  
Township Saline  
City Bedard

Registration District No. 561  
Primary Registration District No. 5755A

File No. 34781  
Registered No. 57  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Carl Beeson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19 1895

7. AGE YEARS 42 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

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

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

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) Missouri

13. NAME William Burlingame

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Willie Sarah Schuster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Carl Beeson  
(ADDRESS) Bedard, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Olney DATE Sep. 23 1937

19. UNDERTAKER Phillips Funeral Home  
(ADDRESS) Bedard, Mo.

20. FILED Sept 23, 1937 Belle Haignes  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 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 8 A.m.

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

Self-inflicted gunshot wound  
Death Sudden  
Date of onset 9/22/37

Other contributory causes of importance: 167

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chloroform Was there an autopsy? No

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

Accident, suicide, or homicide? Self-inflicted Date of injury 9/22 1937

Where did injury occur? at his home

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

Manner of injury Self-inflicted

Nature of injury Perforated heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Self-inflicted

(Signed) J. G. Walker

(Address) Bedard Mo. Coroner, Miller Co. 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.

