

OCT 27 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Shelby
 Township Salt River
 City Shelbina

Registration District No. 830
 Primary Registration District No. 4503

File No. 35465
 Registered No. 40
 St. _____ Ward _____

2. FULL NAME

Andrew George Valentine Beary

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Millie D
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1857
 7. AGE YEARS 80 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Allentown Penn

13. NAME Eli D Beary

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

15. MAIDEN NAME Eliza Batzinger

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

17. INFORMANT A. G. Beary
 (ADDRESS) Edson Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Shiloh, Conn DATE Sept 27 1937

19. UNDERTAKER E. Hay
 (ADDRESS) Shelbina Mo

20. FILED Oct 8 1937 Ruth Joyner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-12-37, 19____, to 9-20-37, 19____.

I last saw him alive on 9-20-37, 19____. Death is said

to have occurred on the date stated above, at 6 a.m.

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

Myocarditis Date of onset 2-12-37

Other contributory causes of importance:

Atherosclerosis
Arthritis Hypertrophic 20 yrs.

Name of operation _____ Date of _____

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

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? no

If so, specify _____

(Signed) A. M. Wood, M. D.

(Address) Shelbina 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.

