NOV 16 1937

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

Do not use this space.

37447

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No. 147

Township Fishing River — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo. (No. , St. 3d Ward)

2. FULL NAME BEERY, George

(a) Residence, No. Veterans Administration Facility Ward. Stockton, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	49	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd jobbs)

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredonia, Kansas

FATHER

13. NAME Ido Beery

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parsons, Kansas DATE 10-28-37 19

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED 10/29 1937 Lorena McCrochen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1937, 19, to Oct. 26, 1937, 19

I last saw him alive on Oct. 26, 1937, 19. Death is said to have occurred on the date stated above, at 6:46 P.M.

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

	Date of onset
Hemolytic streptococcic infection of blood stream	
NMD	

Other contributory causes of importance: 36

Name of operation -- Date of --

What test confirmed diagnosis? Was there an autopsy? No

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

Accident, suicide, or homicide? no 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 --

(Signed) E. K. Moore M.D.

(Address) E. K. MOORE, MD, Clinical Director
Veterans Administration Facility
Excelsior Springs, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.