

Do not use this space.

NOV 24 1937

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

38977

1. PLACE OF DEATH  
 County Stoddard Registration District No. 840  
 Township Duck Creek Primary Registration District No. 6102  
 City Puxico Mo (No. ....) St. .... Ward (No. ....)

2. FULL NAME Dobbie Gene Beal  
 (a) Residence, No. .... 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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
3 2 7

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

13. NAME Clint Beal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puxico Mo

15. MAIDEN NAME Lela Foy Clinton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

17. INFORMANT Lela Foy Clinton Beal  
 (ADDRESS) Puxico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Oct 21 1937

19. UNDERTAKER Hickman Whitestone Co  
 (ADDRESS) Puxico Mo

20. FILED 10/20 1937 Vernon Hawks Glenn  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1937 to Oct. 20 1937  
 I last saw him alive on Oct. 20 1937. Death is said to have occurred on the date stated above, at 4-40P m.  
 The principal cause of death and related causes of importance were as follows:

Scarlet Fever Date of onset Oct. 11

Other contributory causes of importance:

Name of operation ✓ Date of ✓  
 What test confirmed diagnosis? ✓ 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 ✓, 1937  
 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) L. Burris, M. D.  
 (Address) Puxico, 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.

