

JAN 18 1938

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

Do not use this space.

45330

1. PLACE OF DEATH
 County Lentz Registration District No. 31A
 Township Jackson Primary Registration District No. 5431A
 City King City (No.) St. Ward

2. FULL NAME John Oley Bean
 (a) Residence, No. near King City St. Ward

Length of residence in city or town where death occurred 42 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 Anna Elizabeth Bean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 19, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Feb. 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Mo.

13. NAME Frederick Bean

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

15. MAIDEN NAME Caroline Malby

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

17. INFORMANT Mrs Anna B Bean (ADDRESS) King City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ford City, Mo DATE Dec. 7 1937

19. UNDERTAKER Ludick M Wilson (ADDRESS) King City, Mo

20. FILED 12/21 1937 Donald S. Sauty Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1937

22. I HEREBY CERTIFY, that I attended deceased from Nov 15 37 to Dec. 6 1937
 I last saw him alive on Nov. 25 37 Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
apoplexy Date of onset

Other contributory causes of importance:
Arterio Sclerosis

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 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) S. S. Black M. D.
 (Address) King City, 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.

38

2

File No.
Registered No.
St. Ward

8201

