

REC'D APR 7 1938

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

8914
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Barnes Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. **3** mos. **16** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **2503**

2. PRINT FULL NAME **Mary Ann Beeby 100**

(a) Residence, No. St. **NA** **Hannibal, Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
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. 2, 1917**
7. AGE YEARS **20** MONTHS **7** DAYS **12**
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Office Work**
9. Industry or business in which work was done, as 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) **Farber,**
(STATE OR COUNTRY) **Missouri**

13. NAME **Arthur J. Beeby**

14. BIRTHPLACE (CITY OR TOWN) **Farber,**
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Alice Athey**

16. BIRTHPLACE (CITY OR TOWN) **Farber,**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs. John W. Blough 37**
(ADDRESS) **Hannibal, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Farber, Mo.** DATE **Mar. 16, 1938**

19. FUNERAL DIRECTOR **Alexander & Sons**
(ADDRESS) **6175 Delmar Blvd.**

20. FILED **J.P. Bredbeck**
MAR 15 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-14 38**

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **2:15 p.m.**

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

Shotgun wound in head penetrating brain control. Hemorrhage sufficient when shotgun was discharged in some unknown manner about 6:00 o'clock p.m. on Mar. 11, 1937.

Other contributory causes of importance:
28/1937 at Hannibal Missouri while deceased and party were hunting and skating on Fall River

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Open** Date of injury **11-28, 1937**

Where did injury occur? **Hannibal Mo.**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Pub. Place**

Manner of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....
(Signed) **Arthur J. Beeby**....., M. D.
(Address) **Hannibal**

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.

STATEMENT BY LICENSED EMBALMER

I, J. Wm. Dinkley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision:
Signed J. Wm. Dinkley
Licensed Embalmer No. 3653

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)