

REG. APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

38 County Greene
Township Backbone
4 City Spring City (No. 4088)

Registration District No. 312

Primary Registration District No. 4088

File No. 10702

Registered No. 4088

2. FULL NAME

(a) Residence, No. Spring City

(Usual place of abode)

St. Mo.

Ward. 4088

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred all his life

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)

Married to Merrill L. Beal

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

Apr 28 1880

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

57

10

20

day, hrs. or min.

OCCUPATION

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

Laborer

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

1935

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

Spring City Mo.

FATHER

13. NAME

Wm. Humphrey

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

Iowa

MOTHER

15. MAIDEN NAME

Charity Beal

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

Unknown

17. INFORMANT (ADDRESS)

Merrill L. Beal

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Spring City Mo.

DATE

3-19-38

19. UNDERTAKER (ADDRESS)

R. H. Haggard

20. FILED

3/19/38

Mo.

Spring City

Mo.

284

Registered

MEDICAL CERTIFICATE OF DEATH

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

3-18-1938

22. I HEREBY CERTIFY, That I attended deceased from

July

1936

to

3-18

1938

I last saw him alive on 3-18 1938 Death is said

to have occurred on the date stated above, at 1:50 a.m.

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

Pericious Anemia

Date of onset

Other contributory causes of importance:

712

Name of operation

What test confirmed diagnosis?

Blood - significant

Date of

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

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)

(Address)

Dr. Zane G. Barnes
Spring City, Mo.

OCT 7 1957