

REC'D APR 6 1938

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

Do not use this space.

**1. PLACE OF DEATH**

County Pettis  
 Township  
 City Sedalia (No. \_\_\_\_\_)

Registration District No. 668  
 Primary Registration District No. 3032

File No. 11728  
 Registered No. 668  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Georgia Beaman Harrell 640  
Beaman, Mo. Route 1

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

36 8 3

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. Housewife

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) Beaman, Missouri13. NAME John W. Beaman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaman, Missouri15. MAIDEN NAME Malinda Steeleman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaman, Missouri17. INFORMANT (ADDRESS) Mrs. James Cranfield  
Beaman, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Olive Branch DATE 2/17/3819. UNDERTAKER (ADDRESS) Duane Ewing  
Sedalia, Mo.20. FILED Feb 16, 1938 Registrar \_\_\_\_\_**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937 to Feb 15, 1938  
 I last saw h. alive on Feb. 15, 1938 Death is said to have occurred on the date stated above, at 10:15 p.m.

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

Paralytic & respiratory muscle failure due to myocardial infarction  
myocardial infarction  
 Date of onset 2 yrs

Other contributory causes of importance: myocardial infarction

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chond Was there an autopsy? No23. 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, 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) [Signature], M. D.(Address) [Address]

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.

Dr. McNeil  
111 West 4th

Phone 605

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

11728  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pettis Registration District No. 664  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 67  
 (c) City Sedalia (d) Street No. Bothwell Hoop \_\_\_\_\_ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Georgia Beaman Harrell  
 (a) Residence, No. Beaman no. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1901

7. AGE YEARS 36 MONTHS 8 DAYS 3 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Beaman Missouri

FATHER  
 13. NAME John W. Beaman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaman Missouri

MOTHER  
 15. MAIDEN NAME Malinda Steleman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaman Missouri

17. INFORMANT Mrs. James Cranfield (ADDRESS) Beaman no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Olive Branch 2/17, 1938

19. FUNERAL DIRECTOR Duque Ewing (ADDRESS) Sedalia

20. FILED Feb 16 1938 James Slack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 to Feb 15, 1938  
 I last saw her alive on Feb 15, 1938. Death is said to have occurred on the date stated above, at 10 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Paralytic infection resulting due to Myasthenia Gravis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Myasthenia Gravis  
27

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical 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 \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? home (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) Chas. H. Oneal, M. D.  
 (Address) Sedalia

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

