

REC'D JUN 22 1938

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

18979

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 55
(b) Township Anderson Primary Registration District No. 6262
(c) City (d) Street No.
(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.

File no. 10
Registered No. 1314

2. PRINT FULL NAME

Lemna Fern Beavers 1602
(a) Residence, 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 Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1938

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

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. ✓
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) Tallapoosa Mo.13. NAME Gas. W. Beavers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo.15. MAIDEN NAME Olara B. Baughert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin Co. Ill.17. INFORMANT (ADDRESS) Gas. W. Beavers Tallapoosa Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mounts DATE 5-29-3819. FUNERAL DIRECTOR (ADDRESS) none20. FILED 5-29-38 June 10 Local Registrar. 541 (Address) Malden Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1938

22. I HEREBY CERTIFY That I attended deceased from May 27, 1938, to May 29, 1938.
I last saw him alive on May 25, 1938. Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:
Colitis about

Other contributory causes of importance: none
Name of operation none Date of 11/16
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? (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 Lower Back, M. D.

(Signed) James Beall (Address) Malden Mo.

STATEMENT BY LICENSED EMBALMER

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

Signed.....

Licensed Embalmer No.....

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.)