

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.

REC'D JUN 8 1938

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

Do not use this space.

19338

1. PLACE OF DEATH

County *Ripley*

Township *Doniphan*

City *Doniphan*

Registration District No. *750*

Primary Registration District No. *7451*

File No. *15*

Registered No. *1527*

St.

Ward

2. FULL NAME

(a) Residence, No. *Doniphan Mo.*

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *6* 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

William Haywood Beale

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

Dec. 31, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

79

79

4

5

OCCUPATION

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

Housewife

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

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Summers

FATHER

13. NAME

Samuel P. Campbell

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Fanny Thaxton

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Adie Beale
Doniphan Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Doniphan Mo.

DATE *5/7/38*

19

19. UNDERTAKER

(ADDRESS)

Jordan
Doniphan

20. FILED

5-7

1938

C. B. Johnson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5-5-38

19

22. I HEREBY CERTIFY, That I attended deceased from

5/1/38 to *5/5/38*

I last saw her alive on *5/5/38* 1938. Death is said

to have occurred on the date stated above, at *7:30 P.*

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

Lobar Pneumonia

Date of onset

5/1/38

Other contributory causes of importance:

Name of operation

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

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)

Clifford Goforth

M. D.

(Address)

Doniphan Mo.

