

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 AUG 24 1938

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

Do not use this space.

25009

124

1. PLACE OF DEATH

County Bedar  
Township Benton  
City (No.)

Registration District No. 164  
Primary Registration District No. 5229

File No. 124  
Registered No. (No.) St. (No.) Ward (No.)

2. FULL NAME

(a) Residence, No. Lloyd C Begley St. 240 Ward (No.)  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-25-1910</u>		
7. AGE	YEARS	MONTHS
	<u>28</u>	<u>2</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>July-16-1938</u>		
11. Total time (years) spent in this occupation <u>8</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Harry E Begley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Lou Pace</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Harry E Begley</u> (ADDRESS) <u>Monticello Mo. R1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sandridge, Com</u> DATE <u>July-19-1938</u>		
19. UNDERTAKER <u>Gunn Sider</u> (ADDRESS) <u>Edwards Springs Mo.</u>		
20. FILED <u>July 21 1938</u> <u>Mo</u> <u>May</u> <u>15</u> <u>1938</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 17 1938</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>(No.)</u> , 19 <u>(No.)</u> , to <u>(No.)</u> , 19 <u>(No.)</u> .
I last saw h. <u>(No.)</u> alive on <u>(No.)</u> , 19 <u>(No.)</u> . Death is said to have occurred on the date stated above, at <u>3:30 a.m.</u>
The principal cause of death and related causes of importance were as follows: <u>Suicide by poison</u> <u>Strychnine</u>
Date of onset <u>163</u>
Other contributory causes of importance:
Name of operation <u>(No.)</u> Date of <u>(No.)</u>
What test confirmed diagnosis? <u>(No.)</u> Was there an autopsy? <u>(No.)</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>(No.)</u> Date of injury <u>(No.)</u> , 19 <u>(No.)</u> Where did injury occur? <u>(No.)</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u>(No.)</u>
Nature of injury <u>(No.)</u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>(No.)</u> (Signed) <u>W. D. Linn</u> Coroner, M. D. (Address) <u>Edwards Springs Mo.</u>

