

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 9 4 1938

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

Do not use this space.

25225

1. PLACE OF DEATH

35 County Dunklin Registration District No. 283  
Township Buffalo Primary Registration District No. 4167  
3 City Cardwell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Beatrice Champ Killer 460

(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 Elmer Killer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4<sup>th</sup> 1918.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>20</u>	<u>5</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housework.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.  
10. Date deceased last worked at this occupation (month and year) June 1938. 11. Total time (years) spent in this occupation life.

12. BIRTHPLACE (CITY OR TOWN) Mississippi Co. Ark. (STATE OR COUNTRY)

13. NAME Grover Cleveland Champ.

14. BIRTHPLACE (CITY OR TOWN) Dunklin Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mahalia Mizell

15. BIRTHPLACE (CITY OR TOWN) ? Ark. (STATE OR COUNTRY)

17. INFORMANT Beulah M<sup>S</sup> Cormack. (ADDRESS) Cardwell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE CARDWELL, MO DATE June 21, 1938

19. UNDERTAKER Hayward and Co (ADDRESS) Cardwell, Mo

20. FILED 7-10 1938 W. W. Newson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21<sup>st</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4<sup>th</sup> 1938, to June 21<sup>st</sup> 1938.

I last saw her alive on June 21<sup>st</sup> 1938. Death is said to have occurred on the date stated above, at 10:10 p. m.

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

Acute Yellow Atrophy of Liver. Date of onset 6/14/38.

Other contributory causes of importance:

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? \_\_\_\_\_ (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 no.  
(Signed) Wallace A. Belsey M. D.

257 (Address) Cardwell, Mo.

