

1938 SEP 23 1938

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

28217  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Barry Registration District No. 30  
 (b) Township..... Primary Registration District No. 3003 Registered No. 33  
 (c) City Monett (d) Street No..... 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 Ephriam Turner Beatty  
 (a) Residence, No. 309 Euclid Ave. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nannie Beatty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>85</u>	<u>5</u>	<u>15</u>	

OCCUPATION

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

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) Maury Co. Tenn.

FATHER

13. NAME John Beatty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Betsy Pinkston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Rolla Beatty  
(ADDRESS) Sapulpa, Okla.

18. BURIAL ~~PLACE~~ I.O.O.F. Cemetery Aug. 4, 1938

19. FUNERAL DIRECTOR Callaway's  
(ADDRESS) Monett, Mo.

20. FILED 8-4- 1938 W. M. West  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938 to Aug 3, 1938, 1938.  
 I last saw live on Aug 3, 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction Date of onset 7/31/38

Other contributory causes of importance: Perneal

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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.....  
 (Signed) Frank M. West, M. D.  
 (Address) Monett, Mo.

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.

I-X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-38-26

Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179

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 J. D. Buchanan  
Licensed Embalmer No. 3179

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.)