

RECD OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
Township Loutre
City Benton City - Mo. (No. _____)

Registration District No. 23
Primary Registration District No. 5032A

File No. 31595
Registered No. _____
St. _____ Ward _____

2. FULL NAME Beulah Chism

(a) Residence, No. R. F. D. Benton City 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. H. Chism
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1892
7. AGE YEARS 46 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Williamsburg, Mo.

13. NAME Benjamin Gardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg, Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mert Johnson
(ADDRESS) Benton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Farber, Mo. DATE 9/13/38

19. UNDERTAKER Chas. Arnold, Jr.
(ADDRESS) Mexico, Missouri

20. FILED 9-13-38 Newa Hutcherson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12/38, 1938
22. I HEREBY CERTIFY, That I attended deceased from 9-4-38, 1938, to 9-12-38, 1938.
I last saw her alive on 9-11-38, 1938. Death is said to have occurred on the date stated above, at 1:30 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 9-4-38 Date of onset

Other contributory causes of importance: 82a

Name of operation C Date of C

What test confirmed diagnosis? C Was there an autopsy? C

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? C Date of injury _____, 1938

Where did injury occur? C (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury C

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? SW

If so, specify _____

(Signed) J. M. Moulton, M. D.
(Address) Hellsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-233

Date Filed 10-3-38