

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

Do not use this space.

**1939 FEB 6 1939**

**1. PLACE OF DEATH**

County Montgomery

Registration District No. 5-91

File No. 3165

Township Prairie

Primary Registration District No. 4349

Registered No. \_\_\_\_\_

City Middletown, Mo.

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Charles Fountain Beedle**

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5<sup>th</sup>, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Angel Beedle

22. I HEREBY CERTIFY, That I attended deceased from Dec 31<sup>st</sup>, 1938, to Jan 5<sup>th</sup>, 1939

I last saw h. in alive on Jan 5<sup>th</sup>, 1939. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd. 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 3 3

Date of onset \_\_\_\_\_

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

Chronic Intermittent Nephritis

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) Dec 29, 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Artemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo

13. NAME Thomas Beedle

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

What test confirmed diagnosis? Urine Was there an autopsy? no

15. MAIDEN NAME Nancy McDonald

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo

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

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

17. INFORMANT (ADDRESS) Walter Beedle

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown, Missouri Middletown Cem. DATE 1/6/39

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Jones & Wells Middletown, Missouri

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. Jones, M. D.

20. FILED Jan-6 1939 Charles Ring Registrar.

(Address) Middletown, Mo.

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

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

