RECD FEB 25 1939

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

Do not use this space.

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

1. PLACE OF DEATH 2
70 County Montgomery Registration District No. 589 File No. 3174
Township Bearcreek 1 Primary Registration District No. 5787B Registered No. 1
City Bellflower Mo. (No. .... St. .... Ward)

2. FULL NAME 255 Elizabeth Begeman.
(a) Residence, No. Bellflower Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fritz H. Begeman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 15 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
80	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Regular Duties
10. Date deceased last worked at this occupation (month and year) 12 1 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn. 1

FATHER
13. NAME Wm Neimeyer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fritz H. Begeman.
(ADDRESS) Bellflower. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellflower Mo. DATE 1- 12-1939.

19. UNDERTAKER O.A.Jones.
(ADDRESS) Bellflower .Mo.

20. FILED Jan 12 1939 Mary L. Plemer Registrar. 887

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1938, to Jan 11 1939
I last saw her alive on Jan. 9 1939 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Degeneration
Myocarditis
Intestinal nephritis
Arterio Sclerosis

Date of onset: Nov-38; YRS - TIME

Other contributory causes of importance:

121

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? no
If so, specify ....
(Signed) A. H. Van Arsdale M.D.
(Address) Bellflower, Mo.