

REC'D MAR 9 1939

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

5798
Do not use this space.

1. PLACE OF DEATH

- (a) County Bany Registration District No. 38
(b) Township Roaring River Primary Registration District No. 2000
(c) City _____ (d) Street No. _____
(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

- Lillian E. Ta Bean
(a) Residence, No. Eagle Rock mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) D.

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Ta Bean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 25

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Homemaker
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) Quakerville Iowa

- FATHER 13. NAME Frances A. Patterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugonia

- MOTHER 15. MAIDEN NAME Nancy E. Quinn

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

17. INFORMANT (ADDRESS) Frances H. Anderson Eagle Rock mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monett, Mo. DATE July 23 1939

19. FUNERAL DIRECTOR (ADDRESS) Horace Huber Cassville mo.

20. FILED 3/13 1939 Ernest W. Weddington Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1939, to Jan. 20, 1939.

I last saw her alive on Jan. 20, 1939. Death is said to have occurred on the date stated above, at 12 m.

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

Pericarditis Chronic Date of onset _____

Other contributory causes of importance: 90

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 _____, 1939

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 Herbert M. Dwyer, M. D.

(Signed) Ernest W. Weddington, M. D.

(Address) Cassville, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-447

Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I, J. E. Culver, Licensed Embalmer No. 3584

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. E. Culver
Licensed Embalmer No. 3584

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.)