

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.

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

Do not use this space.

REC'D MAR 10 1939

6196

1. PLACE OF DEATH 2

County Chariton Registration District No. 169

Township Brunswick Primary Registration District No. 40 9B

City Brunswick (No.) St. Ward)

2. FULL NAME MARY HELEN BEALL

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-6-1858</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>0</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>	
	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) <u>Kenterville Mo.</u>		
FATHER	13. NAME <u>Wm S. Beall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Dalman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Harvey Beall</u> <u>Brunswick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick Mo</u> DATE <u>Feb 22 1939</u>		
19. UNDERTAKER (ADDRESS) <u>L. Macisak</u> <u>Brunswick Mo</u>		
20. FILED <u>Feb 22 1939</u> <u>Harry E. Sutton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December 25 1938 to February 21 1939

I last saw him alive on February 21 1939 Death is said to have occurred on the date stated above, at 9 A. M.

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

Myocardial degeneration -
phlegmon

Date of onset

Other contributory causes of importance: A 2 C

Name of operation None Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

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

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) William T. Hyatt M. D.
(Address) Brunswick Mo

