

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

**10243**  
 Do not use this space.

APR 24 1939

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 925  
 (b) Township Ash Hill Primary Registration District No. 5134L Registered No. \_\_\_\_\_  
 (c) City Frite (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**

236  
 (a) Residence, No. \_\_\_\_\_ 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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G.O. Beight  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1868  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 6 14  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. homewife  
 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) Catchtown, Ind.  
 FATHER 13. NAME Charles Casey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know  
 MOTHER 15. MAIDEN NAME Sarah Coole  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know  
 17. INFORMANT (ADDRESS) Mr. Della Walker  
Frite, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Hill DATE 4-10-39  
 19. FUNERAL DIRECTOR (ADDRESS) M. J. Hain  
 20. FILED April 10, 1939 May Adams  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw her alive on April 9, 1939 Death is said to have occurred on the date stated above, at 11:16 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chyloperitonitis  
of unknown origin  
 Date of onset 10/10  
 Other contributory causes of importance:  
Peritonitis  
of unknown origin  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. J. Taylor, M. D.  
 (Address) 902

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

U. S. GOVERNMENT PRINTING OFFICE: 1934  
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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**