

136D APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

11659

2

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1

mos.

ds.

How long in U. S., if of foreign birth?

yrs. 2

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

John S. Noman

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

Jan 12-1866

7. AGE

YEARS

73

MONTHS

DAYS

2 8

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cooper Co. Missouri

13. NAME

John Beynon

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

Wales

15. MAIDEN NAME

Jane Beynon

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

Wales

17. INFORMANT (ADDRESS)

Mrs. Edward Lee Smith

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smithton Mo

DATE

Mar 21 1939

19. UNDERTAKER (ADDRESS)

A. F. Newman Smithton Mo

20. FILED

Mar 21 1939

Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-20-1939

22. I HEREBY CERTIFY That I attended deceased from 3-19-39 to 3-20-39, 19

I last saw him alive on

3-19

19

Death is said to have occurred on the date stated above, at 2:30 AM.

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

Date of onset

Coronary Occlusion

Other contributory causes of importance:

Influenza

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

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)

(Address)

M. D.

RECEIVED
District Health Officer No. 701
District File Number 7-29-5-75-
Date Filed 4-14-29-