

DEC'D MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH *Petas*
 80 County Registration District No. *668*
 4 Township Primary Registration District No. *30 32*
 4 City *Sedalia* (No. *30 + Ohio*) St. Ward
 2. FULL NAME *Edward Harold Le. Beque*
 (a) Residence, No. *30 + Ohio* 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.

File No. *15769*
 Registered No. *136*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *✓*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *✓*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 17, 1939*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *0*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *0*
 10. Date deceased last worked at this occupation (month and year) *0* 11. Total time (years) spent in this occupation *0*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sedalia mo*
 FATHER 13. NAME *George Le. Beque*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sedalia Mo*
 MOTHER 15. MAIDEN NAME *Gladys Harmon*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Dakota*
 17. INFORMANT (ADDRESS) *George Le. Beque Sedalia*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Crown Hill* DATE *April 21, 1939*
 19. UNDERTAKER (ADDRESS) *Mrs. Laughlin Bros Sedalia*
 20. FILED *4-21-1939* *Mrs. Harry Sneed* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 21, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from *as Common Cause only* 19.....
 I last saw *as Common Cause only* 19..... Death is said to have occurred on the date stated above, at *4:00 a. m.*
 The principal cause of death and related causes of importance were as follows:
accidental death - smothered
 Date of onset
 Other contributory causes of importance: *18 21 1939*
 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? *Accident* Date of injury *4-21, 1939*
 Where did injury occur? *Sedalia mo*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. *Home*
 Manner of injury *Smothered to death - accidentally*
 Nature of injury *In bed*
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify
 (Signed) *Gordon Stauffer* M. D.
 (Address) *Coverly & Pettis Co.*

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.

WHITE PRINTED WITH ORADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/5/39