

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.

MAY 19 1939

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City Wabeka

(No. _____)

St. _____

Ward _____

File No. 15884

Registered No. 70

2. FULL NAME Alpha R. Bealman

(a) Residence No. Wabeka, Mo. 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wendell Bealman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1919

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min. 20 0 3

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

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

13. NAME E. V. Leadford

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

15. MAIDEN NAME Velma Pennington

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

17. INFORMANT (ADDRESS) E. V. Leadford, Wabeka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arkwood, Mo. DATE April 4, 1939

19. UNDERTAKER (ADDRESS) Albert Sturice, Wabeka, Mo.

20. FILED Apr 4, 1939 Agah Williams Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939

I HEREBY CERTIFY, That I attended deceased from April 2, 1939, to April 2, 1939

I last saw her alive on April 2, 1939. Death is said to have occurred on the date stated above, at 6:55 P.M.

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

3rd degree burn from knees up over entire body

Date of onset 4-2-39

Other contributory causes of importance: accidentally caught clothing on fire while burning trash

Name of operation _____ Date of _____

What test confirmed diagnosis Infectio Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4-2-1939

Where did injury occur? home, market, mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury accidentally caught clothing on fire

Nature of injury Burned from knees up

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) A. P. McCormick, M. D.

(Address) 319 Grand Ave.

RECEIVED

District Health Officer No. 10

District File Number 10-39-913

Date Filed MAY 18 1939