JUL 13 1939

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

22770
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid — Registration District No. 607

(b) Township or City Portage — Primary Registration District No. 4361 — Registered No. 240

(c) Portageville — (d) Street No. ..... St.
(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 Beulah Myers

(a) Residence, No. Portageville, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Willie Myers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1910

7. AGE: YEARS 28 — MONTHS 11 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Idalia, Mo.

FATHER
13. NAME: Frank Rodgers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER
15. MAIDEN NAME: Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Willie Myers, Portageville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville, DATE May 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. M. Payne, Portageville, Mo.

20. FILED July 3, 1939 Mary W. Cork, Local Registrar 535

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 22, 39, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 22, 39 just befor, death or while dying. I last saw her alive on May, 22, 39, 19 only said to have occurred on the date stated above, at 7-30 A.M.

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

Fatal hemorrhage due to prenatal separation of the placenta or placenta previa without any medical attention until dying.

Date of onset

Other contributory causes of importance: None

144a

Name of operation None — 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? No — 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) A. A. Reeder, M. D.
(Address) Portageville, Mo.

(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.

50M-9-1938 I X16803

RECEIVED
District Health Officer No. 2,
District File Number 739-52
Date Filed 7-11

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.