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.

AUG 12 1939

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

Do not use this space.

25270

File No.

Registered No. 266

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 3009

Township Primary Registration District No.

City Cape Girardeau (No. St. St. Louis Hospital St. Ward)

2. FULL NAME Vera Mae Beal

(a) Residence, No. 408 Greenbrier, Mo. St., Ward Greenbrier Mo.
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1939

7. AGE: Years | Months 6 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Bollinger Co. Missouri

FATHER

13. NAME Sandis Beal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sturdivant, Mo.

MOTHER

15. MAIDEN NAME Kattie Cato
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenbrier, Mo.

17. INFORMANT (ADDRESS) Sandis Beal Greenbrier, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cato Cemetery DATE Aug 1, 1939

19. UNDERTAKER (ADDRESS) Clyde E. Morgan Advance, Mo.

20. FILED 7-31, 1939 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/23, 1932 to 2/31, 1939

I last saw h.e.r. alive on 7/31, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Entero-Colitis

Date of onset

119b

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

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) Chas. L. Hunt, M. D.

121 (Address) 630 Good Hope
Cape Girardeau, Mo.