

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.

REC'D SEP 12 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

29989

Do not use this space.

## 1. PLACE OF DEATH

(a) County Putnam Registration District No. 718  
 (b) Township Monroe Primary Registration District No. 6430  
 (c) City Monroe (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (d) Street No. Monroe Hospital St.  
 (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

(a) Residence, No. 460 Letha Henrietta Bealer St. MO (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Bealer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5 - 1910</u>		
7. AGE <u>29</u>	YEARS <u>0</u>	MONTHS <u>19</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Wife</u>		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) <u>Putnam Co. Mo</u>		
13. NAME <u>Wess. Pearson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co. Mo</u>		
15. MAIDEN NAME <u>Nora J. Collins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co. Mo</u>		
17. INFORMANT (ADDRESS) <u>Charles Bealer</u> <u>Monroe Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Martinsburg</u> DATE <u>Aug 27, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. O. Marshall</u> <u>Unionville, Mo</u>		
20. FILED <u>Aug 29, 1939</u> <u>W. E. Sullivan</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 24, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 22, 1939</u> , to <u>Aug 24, 1939</u> . I last saw him alive on <u>Aug 24, 1939</u> . Death is said to have occurred on the date stated above, at <u>4 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Chr. Valvular Mitral and Aortic</u> <u>Aortic Aneurysm</u> <u>Heart Block 4:12 PM</u> <u>121</u> Other contributory causes of importance: <u>Chr. nephritic Interstitial</u> <u>Gangrenous Appendix</u> <u>Pericardial Albuminuria</u> Name of operation <u>Appendix S. Res. Noma</u> Date <u>8/21/39</u> 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 _____, 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) <u>J. O. Marshall</u> , M. D. <u>Unionville Mo</u>

RECEIVED

District Health Officer No. 10

District File Number 9-39-1530

Date Filed SEP 6 1939

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.....

M. E. Hurst....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3204

P. O. Address Monroville, Pa

**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.**