

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.

FILED NOV 12 1942

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

35030

## 1. PLACE OF DEATH

County Stone  
 Township Alpine  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 1110-244  
 Primary Registration District No. 6255-6155

File No. \_\_\_\_\_  
 Registered No. 121  
 St. \_\_\_\_\_ Ward 0

## 2. FULL NAME

Presslie Jefferson Beal

(a) Residence, No. \_\_\_\_\_ 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3 Divorced

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

Divorced6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
90 7 25

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

Farmer

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) Missouri

13. NAME James Beal

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

15. MAIDEN NAME Issabelle Nale

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

17. INFORMANT Jane Beal  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE Owens Cemetery, Dye Sept. 17, 1942

19. UNDERTAKER No Undertaker used  
 (ADDRESS) \_\_\_\_\_

20. FILED Oct. 5, 1942 Chas. D. Scott  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Dysentery. Probable cause.

Date of onset

Other contributory causes of importance: 27c

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? \_\_\_\_\_ 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) C. E. Miller, M. D.

(Address) Blue Eye, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1142-1596

Date Filed NOV 10 1942