

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.

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

Do not use this space.

FILED JUN 14 1946

19136

1. PLACE OF DEATH

County Stoddard  
Township Timpson  
City Arbella

Registration District No. 326  
Primary Registration District No. 6107

File No. ....  
Registered No. 22  
St. .... Ward)

2. FULL NAME

Beulah M. Corley

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
46 3 7

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. House wife

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) Adair Co. Mo

MOTHER FATHER 13. NAME John Ellis

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

MOTHER 15. MAIDEN NAME Minnie Beets

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

17. INFORMANT (ADDRESS) Bert Corley  
Arbella Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE May 9 1946

19. UNDERTAKER (ADDRESS) Bert Corley  
Arbella Mo

20. FILED June 3 1946 Mr. E. E. Parrish  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1946

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

I last saw h..... alive on....., 1946 Death is said to have occurred on the date stated above, at 8:00 P. m.

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

Supposed heart block.  
found dead in toilet dead  
no Dr in attendance  
no request help.

Other contributory causes of importance: N

Name of operation..... Date of.....  
N

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) Dr. Baker Coroner, M. D.

(Address) Memphis Mo

RECEIVED  
District Health Officer No. 10  
District File Number 6-46-1185  
Date Filed JUN 13 1946

Baby embalmed by Fred *[Signature]*  
License # 4256  
Memphis