

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20473

1. PLACE OF DEATH

County Harrison Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City Clinton (No. 7119) St. _____ Ward _____

File No. _____
 Registered No. 77

2. FULL NAME

Price Beagles
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Don't know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Don't know</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>—</u>
		DAYS
		<u>—</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer <u>Labor</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
PARENTS	10. NAME OF FATHER	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	12. MAIDEN NAME OF MOTHER	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-11 1928

17. I HEREBY CERTIFY, That I attended deceased from to 6-10 1928, to 6-10 1928, that I last saw alive on 6-10 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
not determined

200B

CONTRIBUTORY (SECONDARY) 205B

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 Did an operation precede death..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. S. ... M. D.
6-10 1928 (Address) Clinton mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) <u>Frank ...</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>County Farm</u>	DATE OF BURIAL <u>June 11, 1928.</u>
15. FILED <u>June 11, 1928</u> <u>Dr. E. C. ...</u> <u>per J.H.</u>	20. UNDERTAKER <u>James ...</u>	ADDRESS <u>...</u>

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.

