

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

Do not use this space.

4453

1. PLACE OF DEATH

42 County Henry Registration District No. 358 File No. _____
 Township Big Creek Primary Registration District No. 5203 Registered No. 6
 City Wheatland (No. _____) St. _____ Ward _____

2. FULL NAME

Bessie May Beubaker
 (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>Female</u>		4. COLOR OR RACE <u>Caucasian</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy E. Beubaker</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-2-1901</u>					
7. AGE		YEARS <u>30</u>	MONTHS <u>5</u>	DAYS <u>27</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>				
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>Shootingdale Mo.</u>					
FATHER	13. NAME <u>Samuel Walker</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shootingdale Mo.</u>				
MOTHER	15. MAIDEN NAME <u>Mary Schropp</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Commerce Missouri</u>				
17. INFORMANT (ADDRESS) <u>Roy Beubaker</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Norris Cemetery</u> DATE <u>3-2-1932</u>					
19. UNDERTAKER (ADDRESS) <u>Shoemaker</u>					
20. FILED <u>3/1</u> 19 <u>32</u> <u>E. G. Hilder</u> Registrar.					

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/29 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1932, to February 29 1932
 I last saw her alive on February 29 1932. Death is said to have occurred on the date stated above, at 5 p.m.
 The principal cause of death and related causes of importance were as follows:
Postpartum Hemorrhage Date of onset _____
due to Placenta Praevia
1932
1948 1440
 Other contributor cause of importance: _____

Name of operation Yes Venous Drain Feb 29/32 Date of _____
 What test confirmed diagnosis? Chemical 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? No
 If so, specify _____
 (Signed) S. W. Wolpin, M. D.
 (Address) Clendon, Mo.

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.

APR 26 1932

