

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

Do not use this space.

AUG 27 1937

1. PLACE OF DEATH

County Vernon
Township Blue mound
City Schell City (No. 1)

Registration District No. EFFD
Primary Registration District No. 6170

File No. 28623
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Beach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 16, 1849</u>		
7. AGE <u>88</u>	YEARS <u>4</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		IF LESS than 1 day, _____ hrs. or _____ min.
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

13. NAME
Jessie Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Do not know

15. MAIDEN NAME
Anna Miesner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Do not know

17. INFORMANT (ADDRESS)
Mrs. Chas. Stevens Schell city mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Uricks DATE July 30, 1937

19. UNDERTAKER (ADDRESS)
Rute Lewis & Son Schell city mo.

20. FILED 28, 1937 V C B Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1937

22. I HEREBY CERTIFY That I attended deceased from June 29, 1937 to July 28, 1937. I last saw her alive on July 28, 1937. Death is said to have occurred on the date stated above, at 9 P m.

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

Date of onset 6-28-37

Other contributory causes of importance:
82a1

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 = 1
Nature of injury = 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. B. Colson, M. D.
(Address) Schell City mo

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.

