

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

Do not use this space.

1. PLACE OF DEATH

County Hennip Registration District No. 347 File No. 45491
Township Bethelham Primary Registration District No. 3018 Registered No. _____
City Clinton (No. _____, St. _____, Ward _____)

2. FULL NAME

Fancy Lynn Beeler
(a) Residence, No. W. Jefferson St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</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>Charles</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27-1883</u>				
7. AGE	YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>2</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>At Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>			
	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>Lynn Co. Mo.</u>				
FATHER	13. NAME <u>Edward Wallace</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>York T. Monroe Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Charles Beeler</u> (ADDRESS) <u>Clinton Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethelham</u> DATE <u>Dec. 21, 1937</u>				
19. UNDERTAKER <u>Spore and Son</u> (ADDRESS) <u>Bethelham Mo.</u>				
20. FILED <u>Jan 3 1938</u> <u>J. R. Hampton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 193722. I HEREBY CERTIFY, That I attended deceased from 12-29-37, 1937, to _____, 1937.Last seen alive on _____, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Death occurred very suddenly and without symptoms of any kind. I had never treated her

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937Where 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) E. C. Beeler, M. D.
(Address) Clinton Mo.

