

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

35807

Do not use this space.

1. PLACE OF DEATH
 (a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 5488 Registered No. _____
 (c) City Clan (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beulah Beebe
 (a) Residence, No. Clinton, P.R. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1914

7. AGE YEARS 24 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hair Dressing
 9. Industry or business in which work was done, as 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) Edmondston, Ala. Co. Ala.

FATHER
 13. NAME W. E. Beebe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madala, Iowa

MOTHER
 15. MAIDEN NAME Iella Whitaker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weaubleau, Mo.

17. INFORMANT (ADDRESS) Mrs W. E. Beebe, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 10/22/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CON SALUS & PECK, CLYTON, MO.

20. FILED 11-7 1938 Dr J R Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 20, 1938
 I last saw him alive on Oct 20, 1938 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset Oct 12/38

Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) S B Hughes, M. D.
 (Address) Clinton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Hughes

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 7-38-3

Date Filed 11-9-3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ J. E.

Consalus L. Ex. 1891

Registered Apprentice No.

working under my personal supervision.

Signed

M. H. Snow

Licensed Embalmer No.

11034

P. O. Address

Clinton, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.