

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

Do not use this space.
20239-1 120239-1

1. PLACE OF DEATH
 County Dallas Registration District No. 242 File No. 6
 Township Tracy Primary Registration District No. 3335 Registered No. _____
 City Lansbury (No. _____) St. _____ Ward _____

2. FULL NAME Georgie Anne Bewley
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 | 2 | 23 | _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1 1928
 17. I HEREBY CERTIFY That I attended deceased from Feb 20, 1928, to June, 1928 that I last saw him alive on May 10, 1928, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
92A
118900 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY flu (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

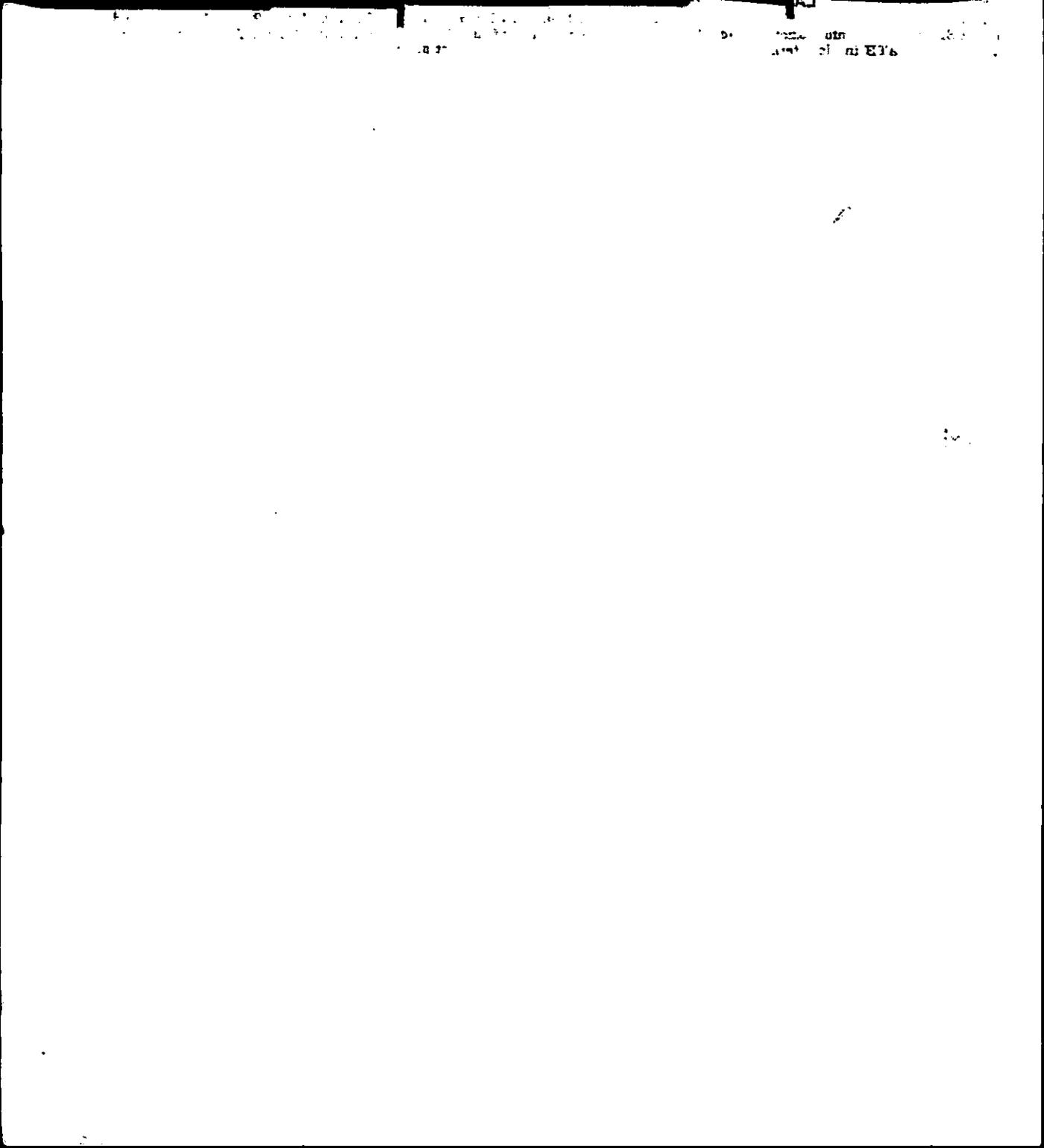
9. BIRTHPLACE (CITY OR TOWN) Barra Co. N.Y. (STATE OR COUNTRY)
 10. NAME OF FATHER Carter C. Moore
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) X (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER X
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) X (STATE OR COUNTRY)

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) W. J. Farmer, M.D.
 , 19 (Address) Lansbury Mo.

14. INFORMANT (Address) _____
 15. FILED 1/10 28 Albert Booth REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Polk Mo. DATE OF BURIAL 6/3 1928
 20. UNDERTAKER Lansbury Casket Co. ADDRESS _____

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.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Dallas Registration District No. 242 File No. 6
 Township Grant Primary Registration District No. 8333- Registered No. 6
 City (No. St. Ward)

2. FULL NAME Georgie Anne Bewley
 (a) Residence No. St. Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-6-43-87

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 23

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wright

12. MAIDEN NAME OF MOTHER Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Winn

14. INFORMANT Tom Bewley
 (Address) Laurburg MO

15. FILED 11/10 1925 Albert Booth
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-1-28 1928

17. I HEREBY CERTIFY That I attended deceased from 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 19

20. UNDERTAKER ADDRESS

REG. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 No. of information should be carefully read. ASH should be stated EXACTLY. DO NOT WRITE IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION of DECEASED.

SUPPLEMENTARY

S-20259-1