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.

SEP 26 1933

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

Do not use this space.
25738

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 864
City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Loretta June Beagle
(a) Residence, No. (Usual place of abode) De Kalb Mo, 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: Female
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) Dec. 10, 1929

7. AGE: YEARS 3 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 179
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 107

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER
13. NAME Clyde Beagle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falls City Nebraska

MOTHER
15. MAIDEN NAME Mable Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Missouri

17. INFORMANT (ADDRESS) Clyde Beagle De Kalb Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Falls City, Neb. DATE Aug. 31, 1933

19. UNDERTAKER (ADDRESS) Fred D. Clark 3075 King Hill Av.

20. FILED 8-30, 1933 John R. Bender Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1933, to 8-29, 1933
I last saw her alive on 8-29, 1933. Death is said to have occurred on the date stated above, at 905 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental Arsenical | 8-18/33 |
| Poisoning - Child | |
| Drank tobacco spray Sol | |
| | 42 |
| Other contributory causes of importance: | |
| Broncho Pneumonia | 1 day |

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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? Accident Date of injury 8-18, 1933
Where did injury occur? De Kalb Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury drank tobacco spray
Nature of injury Broncho Pneumonia

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C S Branson M. D.
(Address) 212 Kirkpatrick Bldg