

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

Do not use this space.

1. PLACE OF DEATH
55 County Lawrence
Township 12th Dist. Union
City (No.) St. Ward

Registration District No. 470
Primary Registration District No. 3633

File No. 9544
Registered No. 25

2. FULL NAME Mrs. Vera Beale

(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. 14 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Rosa Beale Not known		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1879		
7. AGE	YEARS 33	MONTHS 1
	DAYS 22	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as silk mill, mill, bank, etc. X	
	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) Black Pt., Mo.		
FATHER	13. NAME Francis Luther Campbell	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Hattie Green	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT (ADDRESS) Sanatoun Record Care Mrs. Hope Campbell		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcophagus DATE 3/11/34 1934		
19. UNDERTAKER (ADDRESS) Jacobus & Sons, Mo.		
20. FILED 19 Registrar.		

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/26, 1934, to 3/11, 1934
I last saw her alive on 3/11, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:
Date of onset

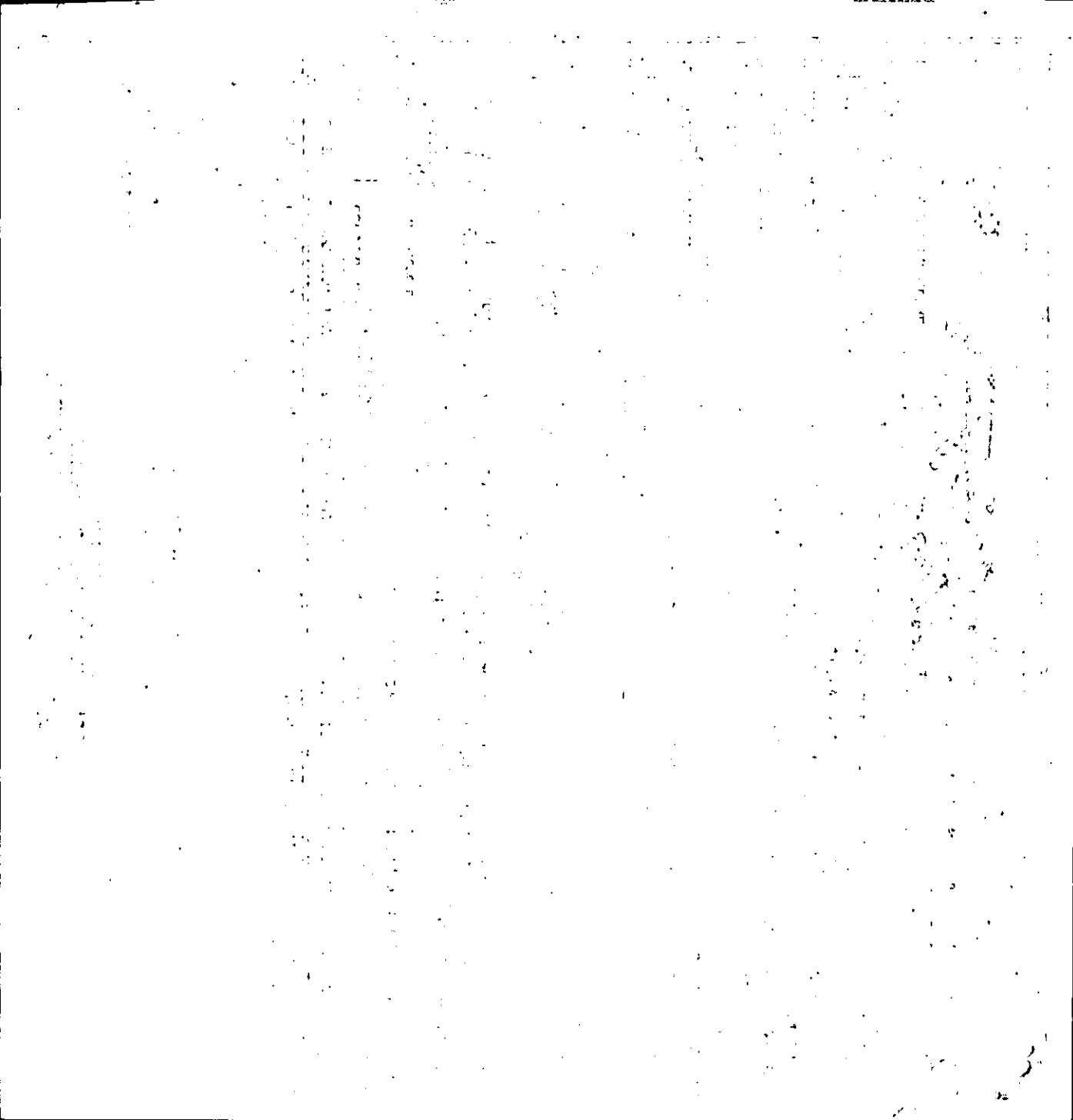
Subsiding tuberculosis April 1931
234
25
Other contributory causes of importance:
Tuberculous enteritis Nov. 1933

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

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) J. B. Steles, M. D.
(Address) 12th Dist. Union, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Layrence
Township Mt. Vernon
City (No. St. Ward)

Registration District No. 470
Primary Registration District No. 2633

File No.
Registered No. 25

2. FULL NAME ms. Vera Base

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
--------	-------	--------	------	--

Date of onset

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

Other contributory causes of importance:

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

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE DATE

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER (ADDRESS)

If so, specify.....

20. FILED 3/13 19 P.A. Holmes Registrar.

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-9544