

REC'D APR 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

20 County Cedar  
Township Benton  
City..... (No.....)..... St..... Ward)

Registration District No. 164  
Primary Registration District No. 5229

10417  
File No. 218  
Registered No.....

## 2. FULL NAME

Felix Begley 240  
(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louora Begley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) about 2 years ago 11. Total time (years) spent in this occupation. 65 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Jack Begley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Mary Blowner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Harry Begley  
(ADDRESS) Monroe, Mo R. 118. BURIAL, CREMATION, OR REMOVAL  
PLACE Sandridge Cem DATE 3-15 193819. UNDERTAKER Swinn Sales  
(ADDRESS) Subsidiary Springs, Mo20. FILED 3-21 1938 Mrs Mary Heffern  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 193822. I HEREBY CERTIFY, That I attended deceased from March 1 1938, to March 13 1938  
I last saw him alive on 12 1938 Death is saidto have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Senile pneumonia  
Other contributory causes of importance: Senility

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....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 Suburban  
(Signed) Jesse Spring, M. D.(Address) 155

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

10417  
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 164  
 (b) Township Benton Primary Registration District No. 5229 Registered No. 218  
 (c) City ..... (d) Street No. .... St. ....  
 (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 Felix Begley

(a) Residence, No. .... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 2 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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)

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

I last saw h. alive on ....., 19... The principal cause of death and related causes of importance were as follows:

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

Senility  
Patmonia  
Labad

Date of onset

Other contributory causes of importance:  
Senility 108

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

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

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? .....

If so, specify

(Signed) G. B. Banister, M. D.

(Address) Jerico Springs

N. B.—Every item of information should be carefully supplied. AGE at CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact occupation of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL TIME IS COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

