

REC'D APR 19 1938

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

10634

Do not use this space.

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 282
 (b) Township _____ Primary Registration District No. 1166 Registered No. 9
 (c) City Campbell (d) Street No. _____ St. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Cornelia Ann Beasley 240
 (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 7 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife

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) Mo

13. NAME Green Bray

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

15. MAIDEN NAME 11

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Dave Beasley
(ADDRESS) Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell DATE 3/15 1938

19. FUNERAL DIRECTOR Landers Funeral Home
(ADDRESS) Campbell Mo

20. FILED 3/15 1938 Landers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 193822. I HEREBY CERTIFY, That I attended deceased from Mar 12 1938, to Mar 14 1938I last saw her alive on _____ 1938 Death is saidto have occurred on the date stated above, at 3:2 a. m.

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

Aortic Regurgitation Date of onset _____Other contributory causes of importance: 926Name 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 _____, 1938Where 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) John L. Brown, M. D.(Address) Campbell, Mo.
256

STATEMENT BY LICENSED EMBALMER

I, E. W. Sanders, Licensed Embalmer No. 2289

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed E. W. Sanders

Licensed Embalmer No. 2289

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