

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

REC'D MAY 24 1938

15100  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 470  
 (b) Township Frank Mt. Vernon Primary Registration District No. 33  
 (c) City Mt. Vernon, Mo. (d) Street No. Mo. State Van 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. 1 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

Beulah Mae Solomon  
 (a) Residence, No. Nelson St.  (If nonresident, give city or town and State)

**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) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1938, to May 2, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1890

I last saw her alive on May 2, 1938 Death is said to have occurred on the date stated above, at 10:00 P.M.

7. AGE YEARS 47 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Dec. 1937 11. Total time (years) spent in this occupation

Pulmonary Tuberculosis Date of onset 1924  
2 1/2"

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

Other contributory causes of importance: Tubercular Laryngitis 1937

FATHER 13. NAME John Peterson

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME Mary Lewis

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) Marshall Mo.

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

17. INFORMANT (ADDRESS) E. Mt. Marshall, Box 100

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

18. BURNING, CREMATION, OR REMOVAL PLACE Marshall Mo. DATE May 3

Manner of injury Nature of injury

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lie B. O. L.

Was disease primarily related to occupation of deceased? No

20. FILED May 3, 1938 P. A. Holmes Local Registrar.

Dr. R. N. Runde, M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*George B. Orr*

, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*George B. Orr*

Licensed Embalmer No.....

*946*

P. O. Address.....

*Mr. Vernon*

**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.)**

**If this body is not embalmed, above space should be left blank.**