

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

Do not use this space.

REC'D OCT 26 1938

33075

1. PLACE OF DEATH

County Pass Registration District No. 703
 Township Johnson Primary Registration District No. 4424
 City Hannibal (No. 3011) St. Ward

2. FULL NAME

Henrietta Catherine Beatty
 (a) Residence, No. 3011 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1938

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

22. I HEREBY CERTIFY, That I attended deceased from July 17 1938 to July 19 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 1861

I last saw her alive on Aug 19 1938 Death is said to have occurred on the date stated above, at 5:58 p. m.

7. AGE YEARS 77 MONTHS 19 DAYS 19 IF LESS than 1 day, hrs. or min.

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

Tuberculosis of lungs Date of onset July 17 1938

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) no

11. Total time (years) spent in this occupation no

Other contributory causes of importance: no

12. BIRTHPLACE (CITY OR TOWN) no (STATE OR COUNTRY) no

Name of operation none Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

13. NAME Edward B. Walker

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 no

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

15. MAIDEN NAME Mary Fox

16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) no

Manner of injury no

Nature of injury no

17. INFORMANT Carl Beatty (ADDRESS) Hannibal, Mo

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

18. BURIAL, CREMATION, OR REMOVAL PLACE city cemetery DATE Aug 21 1938

19. UNDERTAKER Joseph T. Firestone (ADDRESS) Hannibal, Mo

(Signed) R. C. Nevin M. D.

20. FILED Sept 26 1938 Ora M. Rich Registrar

(Address) Hannibal, Mo

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

RECEIVED

District Health Officer No. 71

District File Number 7-38-222

Date Filed 10-11-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

32075-
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 703
(b) Township _____ Primary Registration District No. 4424 Registered No. _____
(c) City Humansville (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. da. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

Henrietta Catherine Beatty
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 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)

Date of onset

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 - 19

Other contributory causes of importance:

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. housewife
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Name of operation _____ Date of _____

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

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

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.

FATHER 13. NAME _____

Manner of injury _____

Nature of injury _____

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

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

If so, specify _____

(Signed) R.C. Stevens, M. D.
(Address) Humansville Mo

MOTHER 15. MAIDEN NAME _____

MOTHER 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 Sept. 26, 1938 Ora M. Rich Local Registrar

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

SUPPLEMENTARY

