REC'D FEB 9 1939

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

3092
Do not use this space.

1. PLACE OF DEATH
(a) County Mercer — Registration District No. 556
(b) Township Morgan — Primary Registration District No. 5750 — Registered No. 9
(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 500 Mary Alice Beian
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Andrew Beian
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 10, 1867
7. AGE: Years 71 — Months 5 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton Mo.

FATHER
13. NAME: William Griffey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Andrew Beian, Princeton, Mo.
18. BURIAL, CREMATION, OR REMOVAL — PLACE Fairview — DATE Jan. 29, 1939
19. FUNERAL DIRECTOR (NAME) Noel Moss 424 (ADDRESS) Princeton, Mo.
20. FILED 1/29, 1939 — J. M. Perry, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1939 to Jan 27, 1939
I last saw her alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 6.20 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

1. Pneumonia-lobar, right and left lower lobes; Neufeld type 1-21-39 11.
2. Valvular heart disease chronic, mitral and aortic insufficiency, and chronic myocarditis (Rheumatic)
3. Arthritis Deformans, severe, an invalid for 20 years.

Other conditions contributing to death but not related to cause given above:

Name of operation ..... Date of
What test confirmed diagnosis? Phys. and Path. 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) A. S. Bristow, M. D.
(Address) Bristow Bldg. Princeton, Mo.

Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Omission of DEATH in part terms, so that it may be properly classified.

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, Noel Mass, or by .....

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

Signed Noel Mass

Licensed Embalmer No. 2634

P. O. Address Princeton

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

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