

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

Do not use this space.

39714 (3)

1. PLACE OF DEATH

County Daviess Registration District No. 29
Township Flat Creek Primary Registration District No. 4021
City Cassville (No.) St. Ward)

File No.
Registered No. 5
St. Ward)

2. FULL NAME

Theopholis Jones McBeath
(a) Residence. No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1833

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher - James
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wayne Co. Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER Jim McBeath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Barthena Fox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ja
(STATE OR COUNTRY)

14. INFORMANT Mrs Broolman
(Address) Cassville Mo

15. FILED May 19 1930 Mrs H. R. Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-2 1930

17. I HEREBY CERTIFY, That I attended deceased from 1927, 19....., to 1929, 19....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 12..... a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Tephritis
131

CONTRIBUTOR (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wesley H. Salger M. D.
, 19 (Address) Cassville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Cassville Mo

DATE OF BURIAL

11 19.....

20. UNDERTAKER

Horine & Nelson

ADDRESS

Cassville Mo

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

MAY 22 1930
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