

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

Do not use this space.

23591

1. PLACE OF DEATH

County Cape Girardeau
Township Shannon
City (No.) St. Ward

Registration District No. 129
Primary Registration District No. 5180

File No.
Registered No. 16

2. FULL NAME

James B. Beal
(a) Residence, No. Shannon 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.
How long in U. S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Esther Caroline Whittedge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 - 1886

7. AGE YEARS 78 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Journalist

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

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

13. NAME John Beal

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

15. MAIDEN NAME Makala Ballinger

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

17. INFORMANT F. E. Boney

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Station DATE July 14 1934

19. UNDERTAKER John M. Gattis

20. FILED July 14, 1934 J. Schosau Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1934

22. I HEREBY CERTIFY That I attended deceased from noon 1931, to July 12 1934

I last saw him alive on July 10 1934. Death is said to have occurred on the date stated above, at 5 P. m.

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

Pulmonary Tuberculosis
Mitral Stenosis

Name 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 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?

If so, specify (Signed) R. H. Haylock M. D.
(Address) P.O. Cape Girardeau, 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.

AUG 15 1934

WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

