

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.

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

Do not use this space.

MAR 19 1937

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1. PLACE OF DEATH
County Howe Registration District No. 384
Township West Plains Primary Registration District No. 4227
City West Plains (No. _____) St. _____ Ward _____

2. FULL NAME Effie Belle Beer

(a) Residence, No. _____ 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.

File No. 6087
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30-1890

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>46</u>	<u>1</u>	<u>6</u>	

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

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) Pomona, Mo

FATHER

13. NAME J. F. Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wadeau, Mo

MOTHER

15. MAIDEN NAME Julia A. Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wadeau, Mo

17. INFORMANT (ADDRESS) Lillian Keybold
Pomona, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Lawn DATE 2-8-37

19. UNDERTAKER (ADDRESS) Roberts
West Plains, Mo

20. FILED 2-8-37 Vida N. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-37

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1937, to Feb. 6, 1937.
I last saw her alive on Feb. 6, 1937. 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:
Bichloride of mercury poisoning Date of onset 2/4/37

Other contributory causes of importance: Acute nephritis

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? suicide Date of injury 2/4/37, 1937
Where did injury occur? West Plains, Mo.
(Specify city or town, county, and State)

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

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. Boggs, M. D.
(Address) West Plains, Mo.

