

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.

RECD OCT 25 1938

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

32814  
 Do not use this space.

1. PLACE OF DEATH

(a) County Monticau Registration District No. 574  
 (b) Township Harrison Primary Registration District No. 57738  
 (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.

Registered No. 48

2. PRINT FULL NAME. Beulah Maud Duvall

(a) Residence, No. 140 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1937  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.  
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co. Mo.

FATHER 13. NAME Lloyd Duvall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co. Mo.

MOTHER 15. MAIDEN NAME Minnie Botinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co. Mo.

17. INFORMANT (ADDRESS) Lloyd Duvall High Point Mo.

18. BURIAL, CREMATION, OR REGIONAL PLACE Flag Spring DATE 9/2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Bauer & Freedmeyer California Mo.

20. FILED 9/5 1938 Jewell Phillips Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31 1938, to Sept. 1 1938. I last saw her alive on Sept. 1 1938. Death is said to have occurred on the date stated above, at 6 A. M.

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

Ulcerative colitis  
11/15

Date of onset

Other contributory causes of importance:

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) J. J. Benion D.O. M.D.  
 (Address) California, Mo.

3/10

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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