

21 1928

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

Do not use this space.

22892

1. PLACE OF DEATH

County Cadogan  
Township Southwestern  
City Mexico mo. (No. ....)

Registration District No. 26  
Primary Registration District No. 3002

File No. ....  
Registered No. 104  
St. .... Ward

2. FULL NAME

George Oliver Beahan

(a) Residence. No. 6730 Seligman Pl. St. Louis 20, Mo. 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.

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) March 10 - 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
17 4 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) mo.

PARENTS

10. NAME OF FATHER Oliver E. Beahan  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) mo.  
12. MAIDEN NAME OF MOTHER Myrtle E. Brown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mexico  
(STATE OR COUNTRY) mo.

14. INFORMANT Oliver E. Beahan  
(Address) 6730 Seligman Pl. St. Louis 20, Mo.

15. July 8th 1928 Ira S. Williams  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14th 1928

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gun shot wound in the back of his head, behind right ear, Gun magazine fired by some unknown person

CONTRIBUTORY (SECONDARY) unknown person at Mexico, Mo. (duration) July yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH.  
DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) S. C. Adams M. D.  
, 19 (Address) Mexico, Mo County Franklin

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis mo. DATE OF BURIAL 19

20. UNDERTAKER W. S. Beahan Bros. ADDRESS Mexico, 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.

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AGE  
Occupation

Every form of information should be  
on plain paper

PHYSICIAN

PHYSICIAN

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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Andrew  
 Township           
 City Mexico (No.         )

Registration District No. 26  
 Primary Registration District No. 3002

File No.           
 Registered No. 104  
 St.          Ward         

**2. FULL NAME**

George Oliver Beekman

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED s (write the word)

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

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

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

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN)           
 (STATE OR COUNTRY)

10. NAME OF FATHER         

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

12. MAIDEN NAME OF MOTHER         

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

14.

INFORMANT           
 (Address)

15. July 28, 1928 Ira S. Milligan  
 FILED 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 19 28

17. I HEREBY CERTIFY, That I attended deceased from          19         , to          19         , that I last saw him          alone on          19         , and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

         (duration)          yrs.          mos.          ds.  
 CONTRIBUTORY (SECONDARY)          (duration)          yrs.          mos.          ds.

18. WHERE WAS DISEASE CONTRACTED         

IF NOT AT PLACE OF DEATH:         

DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?         

(Signed)         , M. D.  
        , 19          (Address)

\*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 Shipped to St Louis - Original

20. UNDERTAKER          ADDRESS         

N. B.—Every item of information should be carefully supplied. Exact state of mind should be classified. Exact state of mind should be classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS CRIBED BY LAW

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