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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1 791 File No. 25202

Township ..... Primary Registration District No. 1003 Registered No. 6996

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Alonzo Beason

(a) Residence. No. 2639 Lucas St., 21 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 19 1893

7. AGE: Years 34 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor
(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) Ark.

PARENTS
10. NAME OF FATHER John Beason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark
12. MAIDEN NAME OF MOTHER Carrie Hodges
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ark.

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED JUL -5 1928 Alex C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-3- 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-15-, 1928, to 7-3-, 1928 that I last saw him alive on 7-3-, 1928, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

31

(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Fab

(Signed) P. E. Cunningham, M.D.

7/4, 1928 (Address) 2945 Fawton

*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: Calvary
DATE OF BURIAL: 7/5 1928

20. UNDERTAKER: A. Russell Und. Co.
ADDRESS: 2732 Pine St.

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.

WHEN FEASIBLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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