CT 22 1928

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

Do not use this space.

29827

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1140

City St. Joseph, (No. St. Joseph's Hosp. St. Ward)

2. FULL NAME Edgar F. Beasley

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

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 19, 1871

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 56 | 9 | 10 | 4 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Pres. Paerl Ldy. Co.

(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) Columbia, Mo.

PARENTS

10. NAME OF FATHER Noah Beasley

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

12. MAIDEN NAME OF MOTHER Permelia J. Wayland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo.

14. INFORMANT Mrs. Harriett C. Beasley
(Address) Century Apts.

15. FILED OCT 1 1928, 19 John G. Utz Registrar

## MEDICAL CERTIFICATE OF DEATH

9

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept, 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1928, to Sep. 29, 1928 that I last saw him alive on , 19 , and that death occurred, on the date stated above, at 10.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 3 Cholelithiasis Duodenal ulcer, Chronic cholecystitis Acute appendicitis, 5 Infarct of right lung with abscess, 6 Chronic nephritis

121 B (duration) 20 yrs. 1, 2, 3, 6 mos. 2, 5 ds. 4, 5

CONTRIBUTORY (SECONDARY) Pleurisy with effusion — right Lobar pneumonia

126 (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sep. 1 - 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation and clinical symptoms.

(Signed) Caryl Potter, M.D.

Oct. 1, 1928 (Address) 731 Faraon St. Joseph, Mo.

*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 | DATE OF BURIAL |
|---|---|
| Columbia, Missouri | Oct. 2, 1928 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Walter Meierhoffer | 1302 Faraon St. |