

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

Do not use this space.

9345

1. PLACE OF DEATH

County Wright
Township Pleasant Hill
City Manfield

Registration District No. 907
Primary Registration District No. 4548

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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

James H. Beach

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

June 3-1836

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>92</u>	<u>8</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(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)

Camden New York

10. NAME OF FATHER

John Cross

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Abigail Saddle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wright

14.

INFORMANT (Address)

Ch Beach
Manfield Mo

15.

FILED Feb 21 1929

J. H. Fuson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 20 1929

17.

I HEREBY CERTIFY, That I attended deceased from Feb 9, 1929, to Feb 20, 1929, that I last saw him alive on Feb 9, 1929, and that death occurred, on the date stated above, at 9:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency

10-11 Several years
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Old age

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) J. H. Fuson, M. D.

Feb 21, 1929 (Address) Manfield 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

Pleasant Hill Mo Feb 29 1929

20. UNDERTAKER

ADDRESS

F. C. Steffe

Manfield

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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