JUL 24 1929

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

Do not use this space.

20826

1. PLACE OF DEATH
County Caldwell — Registration District No. 94 — File No.
Township — Primary Registration District No. 4056 — Registered No.
City Breckenridge (No. ..... St. ..... Ward)

2. FULL NAME Sarah Jane Beamer
(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 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced wife of Dock Scott.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 - 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	7	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Wm Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Martha Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

14. INFORMANT Clair Beamer
(Address) Brookfield Mo

15. FILED July 1, 1929 E A Thompson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1929

17. I HEREBY CERTIFY, That I attended deceased from June 14, 19..., to June 25, 1929 that I last saw her alive on June 25, 1929, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
75 W
(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Do not know
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of death
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) E A Thompson, M. D
, 19 (Address) Breckenridge 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 Trooper Cemetery — DATE OF BURIAL June 27 1929

20. UNDERTAKER T F McPeek. Breckenridge Mo — ADDRESS

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.