

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 18 1929

*Tom Blythe  
Thompson No R70*

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

Do not use this space.

36244

1. PLACE OF DEATH  
 County Andrew Registration District No. 951  
 Township S. Wilson Primary Registration District No. 5244-5037C  
 City (No. ) St. Ward

2. FULL NAME James I. Beasley  
 (a) Residence No. St. Ward. (If nonresident give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
41 8 29

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

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

10. NAME OF FATHER John A. Beasley

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

12. MAIDEN NAME OF MOTHER Nancy Bibby

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/18 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (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:  
Suicide by firing a shotgun into abdomen  
1657 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 170 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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? Uet  
 (Signed) E. M. D. Bridgford, M. D.  
 , 19\_\_\_\_ (Address) Coronet Mexico 410.

\*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.

14. INFORMANT C. A. Beasley  
 (Address) Musick Mo

15. Nov. 20-1929 W. H. Blythe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bever Dam Andrew Mo DATE OF BURIAL Nov 19 1929

20. UNDERTAKER McPheters Bros - Mexico 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.

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9.20

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