

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

Do not use this space.

9731

APR 30 1930

1. PLACE OF DEATH

County Dickinson
Township Warren Fork
City Almartha (No.)

Registration District No. 644
Primary Registration District No. 5-8-56

File No.
Registered No. 4
St. Ward)

2. FULL NAME

John Leonidas Beach

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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) Pearl Beach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/2 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 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) Springfield mo
(STATE OR COUNTRY)

10. NAME OF FATHER Sullivan Beach

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

12. MAIDEN NAME OF MOTHER Eliza Hamilton

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

14. INFORMANT Clara A. Dye
(Address) 2604 Cayuga St Hamilton

15. FILED Apr 19 30 J. J. White REGISTRAR
By Helen M. White

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/31 19 30

17. I HEREBY CERTIFY, That I attended deceased from 21 Mar. 1930 to 31 Mar. 1930
that I last saw him alive on 21 Mar. 1930, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

V. B. of lungs
33A
92A

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Valvular heart disease
(duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? K
(Signed) G. W. Taylor M. D.
, 19 (Address) Almartha 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 Southern Cemetery DATE OF BURIAL 4/1 1930
Verna Eschick

20. UNDERTAKER Verna Eschick ADDRESS Almartha

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.

