

OCT 31 1930

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

Do not use this space.

30951

1. PLACE OF DEATH

County St. Genevieve

Registration District No. 780

Township

Primary Registration District No. 4466

City St. Genevieve

(No.)

St. Ward)

2. FULL NAME

Jasminita Moscella Beasley

(a) Residence No. St. Ward.

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER John Beasley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Emma Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gray Co
(STATE OR COUNTRY) Missouri

14. INFORMANT John Beasley
(Address) St. Genevieve Mo

15. Sept 2 1930 T.W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 25 1930 to Sept 3rd 1930 that I last saw h. or alive on Sept 1st 1930 and that death occurred, on the date stated above, at 8 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis - (Cholera Infantum)
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Arthur Sawyer, M. D.

9-3-1930 (Address) St. Genevieve 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 St. Genevieve Mo DATE OF BURIAL Sept 4 1930

20. UNDERTAKER John Beasley St. Genevieve 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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