NOV 21 1930

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

85

Do not use this space.

32143

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1120
City St. Joseph (No. Noyes Bethel Hospital St. Ward)

2. FULL NAME Johnson Beesby
(a) Residence. No. Gallatin Mo St., Ward. Gallatin Mo
(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. 8 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Single about 1880
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE: 75 YEARS — MONTHS: ✓ — DAYS: ✓ — If LESS than 1 day, ...hrs. or ....min.
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): Farming.
(c) Name of employer: Self.
9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Richard Hope
(Address) Gallatin Mo.
15. FILED Oct 13 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/10 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1930 to October 10, 1930 that I last saw him alive on October 10, 1930 and that death occurred, on the date stated above, at 10 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the rectum
460
77
(duration) yrs. 18 mos. ds.
CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 5 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Cameron, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) H. D. Forgrave, M. D.
10/11, 1930 (Address) 520 Francis St. Joseph 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: Gallatin Mo. — DATE OF BURIAL: 10/11 1930
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Collins

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.