MAR 25 1931

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

Do not use this space.

5368

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township Blue — Primary Registration District No. 3019 — Registered No. 87

City Independence (No. 315 North Main Street St. Ward)

2. FULL NAME Sterling Price Beaven

(a) Residence. No. St., Ward. Fulton, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Molly C. Beaven

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3 - 4 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	11	24	

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

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

PARENTS

10. NAME OF FATHER Theodore Beaven

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER ------- Miller

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

14. INFORMANT Gus. Beaven
(Address) Kirksville, Mo.

15. FILED 3-2, 1931 H L Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to Feb 28, 1931 that I last saw him alive on Feb 25, 1931, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 3D
(duration) yrs. mos. ds.

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? Clinical

(Signed) Chas. Keown M. D.
3/1, 1931 (Address) Independence 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	DATE OF BURIAL
"Richland" Fulton, Missouri	3/4/31 19
20. UNDERTAKER	ADDRESS
H. W. STAHL.	INDEP. MO.

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.

Items #10,12 amended by affidavit of Grandson 7-5-90

2-5-1931

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

Do not use this space.

5368

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence
Registration District No. 398
Primary Registration District No. 3019
(No. 315 North Main Street St. Ward)
File No.
Registered No. 87

2. FULL NAME Sterling Price Beaven
(a) Residence. No. St. Ward. Fulton, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3 - 4 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	11	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer 206
(b) General nature of industry, business, or establishment in which employed (or employer) Law
(c) Name of employer Retired

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

PARENTS

10. NAME OF FATHER ~~Theodore~~ Charles Milton Beaven
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Frances Isabelle Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

14. INFORMANT Gus. Beaven
(Address) Kirksville, Mo.

15. FILED 2-2-1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1931, to Feb 28, 1931, that I last saw him alive on Feb 25, 1931, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 93D
(duration) yrs. mos. ds.

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? Clinical
(Signed) Edwin Keown M.D.
3/1, 1931 (Address) Independence 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	DATE OF BURIAL
"Richland" Fulton, Missouri	3/4/31 19
20. UNDERTAKER	ADDRESS
R. W. STAHL	INDEP. MO.