

25882-1

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

Do not use this space.

25882-A

1. PLACE OF DEATH

County

Pettis

Registration District No.

670

Township

Bowling Green

Primary Registration District No.

5893

City

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

R. F. D. Beaman

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Jas Blaylock

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

Sept. 17-1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

78

10

25

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)

at home

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo

13. NAME

J W Thomas

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

W. Va.

15. MAIDEN NAME

Julia Jennings

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mo

17. INFORMANT
(ADDRESS)J H Blaylock
L. 2nd

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oliver Beaman

DATE

July 13, 1931

19. UNDERTAKER
(ADDRESS)Lillian
Beaman

20. FILED

11/5

1931

Florence Ferguson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 12, 1931

22. I HEREBY CERTIFY That I attended deceased from

Home, 1931, to 7-12, 1931

I last saw him alive on 7-5-31, 1931. Death is said

to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Pericarditis
Nephritis
131
Date of onset
May
1931

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. E. Phelps, M. D.

(Address)

Cholia Mo.

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

OCT 24 1931

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.

