

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

Do not use this space.

31993

1. PLACE OF DEATH

County Madaway
Township Madaway
City (No.) 5-820

Registration District No. 618
Primary Registration District No. 4769

File No.
Registered No.
St. Ward)

2. FULL NAME

Jesse M. Beaver

(a) Residence, No. 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 Male 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 Bell Beaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	78	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Michael Beaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Anna McBracker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Estel Beaver

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont DATE Sept 12 1931

19. UNDERTAKER (ADDRESS) Price for Co. Maryville Mo

20. FILED Nov 10 1931 Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1931

22. I HEREBY CERTIFY, That I attended deceased from June 3 1931 to Sept 10 1931
I last saw him alive on Sept 6 1931. Death is said to have occurred on the date stated above, at 7:15 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic endocarditis
Chronic nephritis + arterio-sclerosis

Other contributory causes of importance:
Chronic nephritis + arterio-sclerosis

Name of operation None Date of operation

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? No
If so, specify

(Signed) W. M. Handman M. D.
(Address) Bushington Jct., Mo.

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

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.

NOV 5 1931

S. NO. 2.

