CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 22 1931

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

Do not use this space.

34231

1. PLACE OF DEATH

County: Harrison — Registration District No.: 334 — File No.: 6 15

Township: — Primary Registration District No.: 4197 — Registered No.:

City: Bethany (No. ..... St. ..... Ward)

2. FULL NAME Clarence Raymond Beeks

(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~~: Ethel Beeks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec - 9 - 1903

7. AGE: Years 27 | Months 9 | Days 29 | 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):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Hamilton Tp
(STATE OR COUNTRY): Harrison Co

PARENTS

10. NAME OF FATHER: Thos W Beeks

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Harrison
(STATE OR COUNTRY): Co Missouri

12. MAIDEN NAME OF MOTHER: Clara Mitchell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Harrison Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Thos W Beeks
(Address): Eagleville Mo

15. FILED: 11/16, 1931 — W J Harmon, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct - 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1931, to Oct 8, 1931, that I last saw him alive on Oct 8, 1931, and that death occurred, on the date stated above, at 6.40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: accidental Bunshot wounds to left Chest. Puncture of left lung, heart & Splen

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 184

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At home

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 7, 1931

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D S Reid DO, ~~M.D.~~

10-9, 1931 (Address) Bethany, 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: Allen Country — DATE OF BURIAL: 10/10 1931

20. UNDERTAKER: Frank Y Farmer — ADDRESS: Eagleville Mo