

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

Do not use this space.

2087

1. PLACE OF DEATH

87 County Ralls
1 Township Center
3 City Center (No.)

Registration District No. 725
Primary Registration District No. 4431

File No.
Registered No.
St. Ward

2. FULL NAME

(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 Female 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 F.A. Sayre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1868

7. AGE YEARS 63 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.35
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) Ralls Co Mo

13. NAME Jackson Beshears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

15. MAIDEN NAME Elizabeth Keithley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT F.A. Sayre (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE Jan 13 1932

19. UNDERTAKER W.H. Couch (ADDRESS) Center Mo

20. FILED January 13 1932 J.T. Howard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1931 to Jan 11 1932

I last saw him alive on Jan 10 1932 Death is said to have occurred on the date stated above, at 8 A.M.

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

Cerebral Hemorrhage Date of onset Jan 11

82 A

Other contributory causes of importance: Arterio Sclerosis 1927. m8

(1)

Name of operation None Date of

What test confirmed diagnosis? Blood pressure 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

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.H. Ratto M. D.
(Address) Center, 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.

