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

Do not use this space.

4499

1. PLACE OF DEATH

County: Iron — Registration District No.: 391 — File No.:

Township: Arcadia — Primary Registration District No.: 4230 — Registered No.: 8

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

2. FULL NAME: William Henry Beatwright

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

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: M

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 4 - 1870

7. AGE: Years 61 — Months 5 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 189

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): Iron Mountain Mo.

FATHER

13. NAME: Thomas Beatwright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Tom Beatwright Iron Mountain Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Hegulawn DATE: 2-21 1932

19. UNDERTAKER (ADDRESS): Herman White Fronton Mo

20. FILED: 2-21 1932 R A Rauch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 30 P.M. 2/18, 1932, to 6 30 P.M. 2/19, 1932

I last saw him alive on 2/19, 1932. Death is said to have occurred on the date stated above, at 6 40 P.M.

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

	Date of onset
Myocarditis	
R.H.D.	
92.0	
1	
Other contributory causes of importance:	
Acute Gastritis of Stomach	
Fracture of Rt Clavicle -	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	2/17

Name of operation: None — Date of .....

What test confirmed diagnosis? Xray — Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury 2/17, 1932

Where did injury occur? Iron Mountain, Mo (Specify city or town, county, and State)

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

Manner of injury: Automobile Accident

Nature of injury: Fracture Clavicle - Rt Side

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo. W. Day, M. D.

(Address) Fronton - Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 23 1932