

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

Do not use this space.

23854

1. PLACE OF DEATH

93 County St. Clair Registration District No. 765
Township Waverly Primary Registration District No. 6266
City Osceola (No. _____) St. _____ Ward _____

File No. _____
Registered No. 16

2. FULL NAME

Joseph Albert Beardsley
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Doze
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 92A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 91A
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

FATHER 13. NAME Obad Beardsley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. 1

MOTHER 15. MAIDEN NAME Lecenia Doze

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

17. INFORMANT (ADDRESS) J. E. Beardsley
Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunkard Cem. DATE 8-16 1932

19. UNDERTAKER (ADDRESS) Osceola Mo.

20. FILED 9-1 1932 Rush Seavers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 18th 1932
22. I HEREBY CERTIFY, that I attended deceased from _____, 1931, to July 14, 1932
I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
acute endocarditis Date of onset 5-1932

Other contributory causes of importance: an old chronic insufficiency of mitral valve, was mildly irascible and exposed
Name of operation self to wash & sand Date of operation _____
What test confirmed diagnosis? occurred Was there an autopsy? _____

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) Rush Seavers, M. D.

(Address) Osceola 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.

REV 26 1921

