

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

Do not use this space.

27139

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 1005
 Township Doyle Primary Registration District No. 6009
 City (No. _____) St. _____ Ward _____

2. FULL NAME James Wesley Beckley
 (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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, mail stage
 sawyer, bookkeeper, etc. driver
 9. Industry or business in which work was done, as silk mill, cattle buyer
 saw mill, bank, etc. tourist
 10. Date deceased last worked at this occupation (month and year) about 1 year ago 11. Total time (years) spent in the occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Escola, Mo.

FATHER
 13. NAME John W. Beckley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Hetcher Corbin
 (ADDRESS) Escola, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Corbin Cem. DATE Aug 3, 1932

19. UNDERTAKER J. S. Hull
 (ADDRESS) Escola, Mo.

20. FILED 20 July 1932 Minnie B. Gordon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from off on for 10 years, 19...
 I last saw him alive on July - 1932 Death is said to have occurred on the date stated above, at noon m.
 The principal cause of death and related causes of importance were as follows:
mitral insufficiency Date of onset don't know
920 191
 Other contributory causes of importance: Heart exhaustion 305

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Ruth Seavers, M. D.
 (Address) Escola, 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.

SEP 26 1932

