

DEC 4 1936

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

Do not use this space.

31188-45

1. PLACE OF DEATH
County Stoddard Registration District No. 837
Township Coston Primary Registration District No. 6099
City Coston (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Jessie Beasley
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lm Beasley (OR WIFE OF)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 - _____ 7

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

13. NAME Louis S Curran

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

15. MAIDEN NAME Charlotte Walls

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

17. INFORMANT Lm Beasley (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville DATE 8-9-32

19. UNDERTAKER Chas. B. Campbell (ADDRESS)

20. FILED Oct 30 1936 Dr. Edw. Ford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 32
22. I HEREBY CERTIFY, That I attended deceased from Aug 1 - 32 to Aug 8 32, 19____
I last saw h. a alive on Aug 5 32, 19____ Death is said to have occurred on the date stated above, at 12:30 pm
The principal cause of death and related causes of importance were as follows:

Inter-trial
Tuberculosis
Other contributory causes of importance: ①

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? _____
If so, specify _____
(Signed) H. D. King
(Address) Evans 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.

