

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

Do not use this space.

32166 L

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Independence (No. _____, St. _____ Ward _____)

File No. _____

Registered No. 314

2. FULL NAME

James Henry Beets
(a) Residence, No. Atterton, Mo. 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 male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Lee Beets
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 - 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 6 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Atterton, Mo. Jackson Co.

13. NAME James Daniel Beets
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo. Cass Co.

15. MAIDEN NAME Margaret H. Hines
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri City Clay Co. Mo.

17. INFORMANT (ADDRESS) Frank H. Beets 3606 Olive St. St. L. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE Oct 19 1932

19. UNDERTAKER (ADDRESS) Att. J. Mitchell Independence Mo.

20. FILED Oct 19 1932 J. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1932

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. 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:

186A
depressed skull fracture
from a fall on floor in his home
Other contributory causes of importance: 5
Not to my knowledge

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 10/17 1932
Where did injury occur? Atterton Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury do not know
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. H. Hines M. D.
(Address) Independence 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.

NOV 29 1932

WRITE PLAINLY, WITH UNFADING INK IN THIS SPACE

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