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

Do not use this space.

File No. 20450

Registered No.

1. PLACE OF DEATH

County Monroe — Registration District No. 579

Township Marion — Primary Registration District No. 5776

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Maggie Thomas Beamer.

(a) Residence, No. RFD 6 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: Female

4. COLOR OR RACE: white

5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: G A Beamer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/18/1860

7. AGE: YEARS 72 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Virginia

FATHER

13. NAME: Richard Eggleston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Sarah Ann Wicklane

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

17. INFORMANT (ADDRESS): G. A. Beamer, Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Ash Cemetery DATE: June 7, 1933

19. UNDERTAKER (ADDRESS): Fred A. Thompson, Madison, Mo.

20. FILED 6/6 1933 W. W. Eubank, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1933

22. I HEREBY CERTIFY That I attended deceased from May 15th, 1933, to May 27th, 1933

I last saw her alive on May 27th 1933, 19..... Death is said to have occurred on the date stated above, at 7:30 m.

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

	Date of onset
Cardiac Failure.	?
Diabetes Mellitus	?
59	
958	
102	

Other contributory causes of importance:

Hypertension.	?
Hypertensive Heart disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin and Lab Was there an autopsy? No

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

Accident, suicide, or homicide? No 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) Thos S Fleming, M. D.

(Address) Moberly 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.

JUN 23 1933

Beamer

Alice

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