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

Do not use this space.

File No. 35564

Registered No.

1. PLACE OF DEATH

County: Andrain

Township: Riario

City: ~~Goodhomie~~ (No. Goodhomie R.F.D. St. Ward)

Registration District No. 24

Primary Registration District No. 5033

2. FULL NAME: John William Beagles

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ida Beagles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 18-1856

7. AGE: Years 77 Months 8 Days If LESS than 1 day, hrs. or min.

OCCUPATION

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.: own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrain Co Mo

FATHER

13. NAME: James Beagles

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

MOTHER

15. MAIDEN NAME: Maria Little

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

17. INFORMANT (ADDRESS): J. E. Biggs Goodhomie Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mexico Mo. DATE: Nov. 19 1933

19. UNDERTAKER (ADDRESS): Henry Precht & Son Mexico Mo.

20. FILED: Nov. 19 1933 W. K. McCall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-18 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to 11-18 1933 I last saw him alive on 11-18 1933. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Arteriosclerosis	
97	
142	

Other contributory causes of importance:

Senility

Name of operation: Date of:

What test confirmed diagnosis? Physical Was there an autopsy? No

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) V. E. Sonnett, M. D.

(Address) Rush Hill 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 3 1934