

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.

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

Do not use this space.

35652

1934

1. PLACE OF DEATH

County Boone
Township Coedar
City Marion Columbia (No.) St. Ward)

Registration District No. 71
Primary Registration District No. 2710A

File No.
Registered No. 26

2. FULL NAME

James^{ms.} Beaver

(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 (widow the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Beaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 11

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) Don't know

13. NAME James Beaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Rosa Nichols

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Cem DATE 11-24 1933

19. UNDERTAKER (ADDRESS) Parker Funeral Co.

20. FILED Dec 2, 1933 A. D. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-20-1933 to X, 19...
I last saw h. X alive on X 19...X Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:
Gun shot wound in region of the heart - self inflicted - 167 Suicide

Other contributory causes of importance:
167

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? suicide Date of injury Nov 20, 1933
Where did injury occur? at the home near Columbia (Specify city or town, county, and State) no
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) E. B. Davis, Coroner, M. D.
(Address) Columbia, Mo.

