

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

Do not use this space.

4 -
4406-B

1. PLACE OF DEATH

County Dade Registration District No. 11
Township North Primary Registration District No. 11
City near Arcola Mo. (No. 11) St. Mo. Ward 1

File No. 4406-B
Registered No. 4406-B

2. FULL NAME

William Benjamin Beasley

(a) Residence, No. 1 St. 1 Ward. 1
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mary U. Beasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1867

7. AGE YEARS 67 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.

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) near Arcola Mo.

13. NAME Wm. D. Beasley

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

15. MAIDEN NAME Elvira Underwood

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

17. INFORMANT (ADDRESS) Mrs. Mary Beasley Arcola Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Guns Springs DATE Feb. 8 1934

19. UNDERTAKER (ADDRESS) J. W. Ward Greenfield Mo.

20. FILED July 13 1934 W. B. Brickey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1934 to 2-7 1934

I last saw him alive on Feb. 7- 1934 Death is said

to have occurred on the date stated above, at 12:30 A.M.

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

Chronic Bright's disease Date of onset

Other contributory causes of importance:

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. A. Smayell, M. D.

(Address) Stockett 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.

FATHER MOTHER

OCCUPATION

