

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

Do not use this space.

10047

File No. _____
Registered No. 6 Ward _____

1. PLACE OF DEATH

County Calhoun
Township _____
City Aldrich (No. _____)

Registration District No. 700
Primary Registration District No. 4421

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 17 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Amanda Beason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1858

7. AGE YEARS 75 MONTHS 6 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Dade County Mo.

13. NAME Josiah Beason

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

15. MAIDEN NAME Mary Jane Blair

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co. Mo.

17. INFORMANT (ADDRESS) Henry Beason Colivar - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shady Brook DATE Mar 19, 1934

19. UNDERTAKER (ADDRESS) Hutchinson, Blue & Tolson Aldrich, Mo.

20. FILED Mar 19, 1934 Verna Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 18 - 1934

22. I HEREBY CERTIFY, That I attended deceased from March - 16 - 1934 to March - 18 - 1934
I last saw him alive on March - 16 - 1934 Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 3-14-34
105

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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 _____, 1934
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) W. F. Myron, M. D.
(Address) Aldrich 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.

APR 25 1934
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