

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Lewis
City (No.) (No.) St. Ward)

Registration District No. 373
Primary Registration District No. 5570

File No. 12676
Registered No. 7

2. FULL NAME

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

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Bailey Martin Beasley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 3 29

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

10. Date deceased last worked at this occupation (month, and year) 1924 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

13. NAME Jacob Beasley

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

15. MAIDEN NAME Alpha Beasley

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

17. INFORMANT Mr Robert Steele (ADDRESS) Fortescue mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fortescue mo DATE May 1 1934

19. UNDERTAKER John Redjohn (ADDRESS) Oregon Ave.

20. FILED 5-2-34 1934 J. B. Chandler Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1934 . 19

22. I HEREBY CERTIFY, That I attended deceased from any 1933, to Apr 30 1934

I last saw him alive on Apr 29 1934 Death is said

to have occurred on the date stated above, at 2 p. m.

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

Atherosclerosis Date of onset 1920

97
98
99

Other contributory causes of importance:
Thromboembolism obliterans Apr 10 1934
(Furunculosis of foot)

Name of operation. Amputation Date of Apr 10 1934

What test confirmed diagnosis? Clinical 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) J. B. Chandler, M. D.
(Address) Oregon Mo

PHYSICIANS should state cause of death in plain terms, so that it may be properly classified. Cause of death in plain terms, so that it may be properly classified.

5-12674