

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

Do not use this space.

17420

138

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 2019
City Namibal (No. 311, Center) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Charles Albert Besgrove

(a) Residence, No. 311 Center 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Besgrove
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 10 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper
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) no data
England

13. NAME Wm Besgrove

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data
England

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data
England

17. INFORMANT McLillian Besgrove, wife
(ADDRESS) 311 Center Namibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayette, Mo. DATE May 16, 1934

19. UNDERTAKER Wm M Wright
(ADDRESS) 902 Bury, Namibal, Mo.

20. FILED 5/16/34 19 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933 to May 14, 1934
I last saw him alive on May 14, 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Ca of March
1:30
HS
Other contributory causes of importance:
Shortness
in action

Name of operation _____ Date of _____
What test confirmed diagnosis? clin 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) J. H. Beckman M. D.
(Address) 100 Bury Namibal 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.

JUN 23 1934

