

OCT 8 1934

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

Do not use this space.

1. PLACE OF DEATH
County Gasper Registration District No. 409
Township Madison Primary Registration District No. 3020
City Carthage (No.) St. Ward)

File No. 33142

Registered No.

2. FULL NAME Charles Beasley
(a) Residence, No. Stone - Methodist Hospital (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 30, 1884</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>50</u>	<u>5</u>	<u>5</u>	<u>17</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Molder - Foundry</u>				
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) <u>Stoutland, Missouri</u>				
13. NAME <u>John Beasley</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton, Penn.</u>				
15. MAIDEN NAME <u>Elizabeth Evans</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoutland, Missouri</u>				
17. INFORMANT <u>Mrs. Maggie Cole</u> (ADDRESS) <u>Richland, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoutland</u> DATE <u>Sept 19, 1934</u>				
19. UNDERTAKER <u>Russell Masterson</u> (ADDRESS) <u>Carthage, Mo.</u>				
20. FILED <u>Sept. 19, 1934</u> <u>L. B. Colinton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1934 to Sept 17, 1934
I last saw him alive on Sept 17, 1934. Death is said to have occurred on the date stated above, at 5 P. M.
The principal cause of death and related causes of importance were as follows:

PneumoniaDate of onset Sept 11, 1934

Other contributory causes of importance:
Delirium Tremens
Chronic Alcoholism
Name of operation none Date of

What test confirmed diagnosis? symptoms Was there an autopsy? no

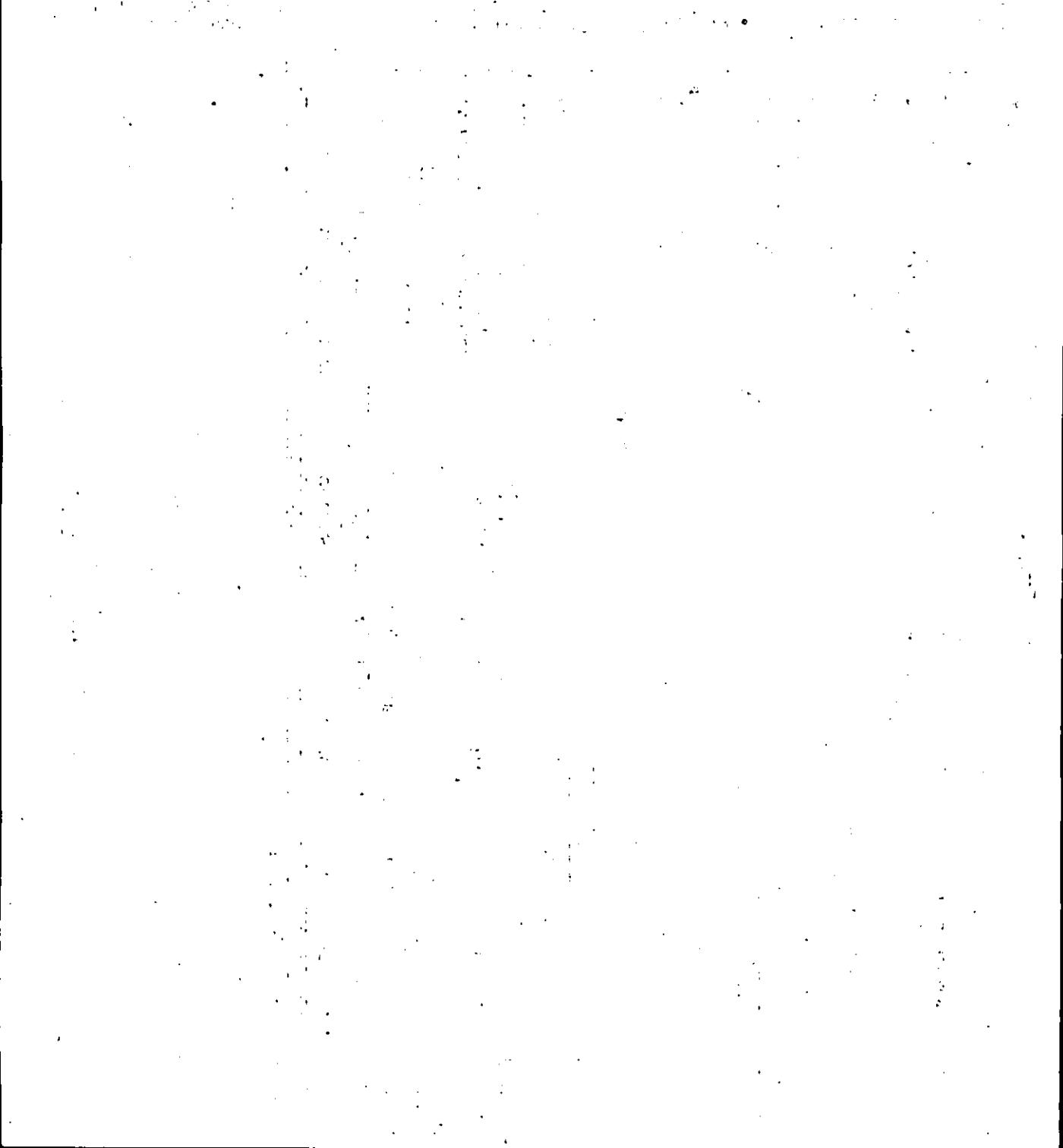
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Albert P. Wheeler
(Address) Carthage, 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.



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

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

1. PLACE OF DEATH

County Gasper

Registration District No. 408

Township Carthage

Primary Registration District No. 9020

City Carthage (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Charles Begley

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Dw.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 30-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5- 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Dec 6 1934 (S. B. Shelton) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-17-1934

22. I HEREBY CERTIFY, That I attended deceased from

to

I last saw him alive on

to have occurred on the date stated above, at

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

Pneumonia
Pneumonia

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) , M. D.

(Address)

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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