

DEC 27 1934

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

Do not use this space.

40457

1. PLACE OF DEATH

County Repley  
Township Valmire  
City — (No. —)

Registration District No. 757  
Primary Registration District No. 5992

File No. 59  
Registered No. 599  
St. — Ward —

2. FULL NAME

Kenneth Lee Beasley

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

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. (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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED died at home  
HUSBAND OF (OR) WIFE OF July 13, 1934  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. died at  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home  
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) Repley  
(STATE OR COUNTRY) Mo.

13. NAME Johnson L. Beasley

14. BIRTHPLACE (CITY OR TOWN) Tipton  
(STATE OR COUNTRY) Calaveras Co. - Mo.

15. MAIDEN NAME Alice Elliott

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

17. INFORMANT Johnson Beasley  
(ADDRESS) Repley Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Antioch Cen DATE Dec 30 1934

19. UNDERTAKER Mrs. M. C. Cisti  
(ADDRESS) Repley Mo.

20. FILED 11/17 1934 Repley  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1934 to Nov 29 1934

I last saw him alive on Nov 25 1934 Death is said

to have occurred on the date stated above, at Repley Mo.

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

Lobar pneumonia Date of onset Nov 23

100

100

100

Other contributory causes of importance:

age

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? yes

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? no

If so, specify —

(Signed) Repley M. D.

(Address) Repley Mo.

