

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

Do not use this space.

JAN 15 1935

1. PLACE OF DEATH

County Cedar

Registration District No. 163

Township

Primary Registration District No. 4095

City El Dorado Springs

St. _____ Ward _____

2. FULL NAME

Ransom H. Beagles

(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

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

Lucy Beagles

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

Oct 22 1842

7. AGE

YEARS 92

MONTHS 02

DAYS 9

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

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

13

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

92

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

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

mo

13. NAME

Edwin Beagles

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

Penn.

15. MAIDEN NAME

Mary Mudlock

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

Penn.

17. INFORMANT (ADDRESS)

Lucy Beagles
El Dorado Springs mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE city cem

DATE Dec 1

1934

19. UNDERTAKER (ADDRESS)

Wagner Funeral Home
El Dorado Springs mo

20. FILED

1-1-1935

J. W. Davidson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from

1932 to Dec 31, 1934

I last saw him alive on Dec 30, 1934 Death is said

to have occurred on the date stated above, at 10 A m.

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

Endo carditis

Date of onset

Intermittent hypotension

Other contributory causes of importance:

Old age

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

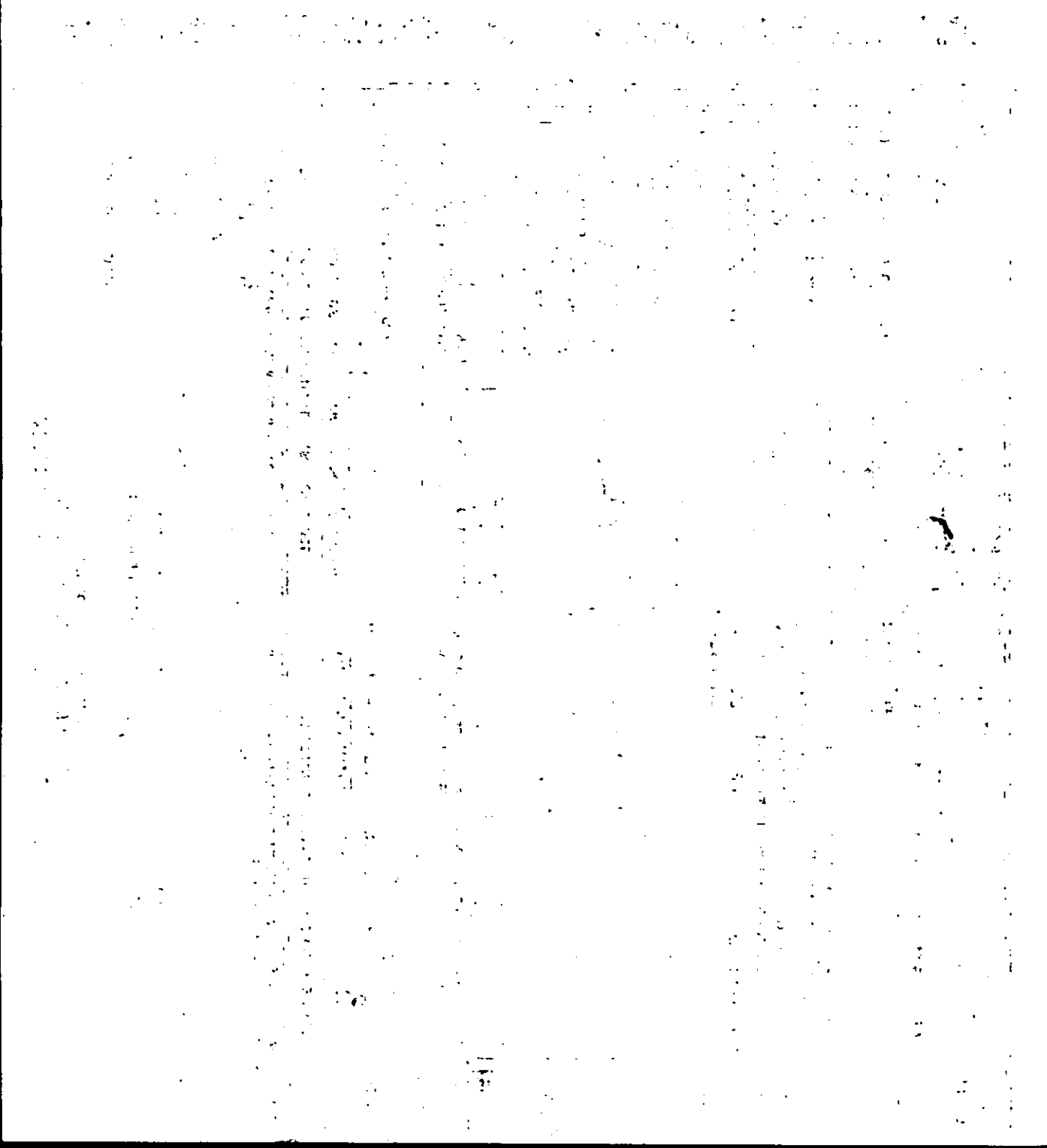
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. J. Duvall M. D.

(Address) El Dorado Springs mo



**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 Redar

Registration District No. 163

Township

Primary Registration District No. 4095

City

(No.)

File No. 42286

Registered No. 89

St. Ward

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

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)

FATHER
MOTHER

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 1-1-1935 J. W. Harrison
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19

I last saw him alive on, 19. Death is said

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

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

Date of onset

Myocarditis
chronic

Other contributory causes of importance:
Intestinal rephritis
chronic

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)

APR 8 1935

APR 13 1935

5-42286