

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

Do not use this space.

1. PLACE OF DEATH

County Wm. Co.
Township Franklin
City Manassah (No. 1000)

Registration District No. 907
Primary Registration District No. 4548

File No. 4201
Registered No. 3
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 26 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lura Alverson Beach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3-1863</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>10</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real estate</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dealer</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1931</u>		
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Collins Springs, Ohio</u>		
13. NAME <u>James N. Beach</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Mary A. Cross</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Walter Beach, Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manassah Cem.</u> DATE <u>Jan 19</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>F. A. Stiller, Manassah, Mo.</u>		
20. FILED <u>Jan. 30</u> 19 <u>35</u> - <u>J. M. D. Short</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 76 1934 to Jan 19 1935
I last saw him alive on Jan 7 1935. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Paralysis Arteriosclerotic Date of onset several years
71
Other contributory causes of importance:
Arterio degeneration of
Spinal Cord sw. yrs.
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) J. M. D. Short, M. D.
(Address) Manassah, Mo.

