

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.

MAR 26 1935

5166

1. PLACE OF DEATH

County Howard

Registration District No. 380

File No. _____

Township Franklin

Primary Registration District No. 5530

Registered No. 3

City _____

(No. _____)

St. _____ Ward _____

2. FULL NAME

William W. Beaman

(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

ysr.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

Mollie Eckert

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

Dec 2 - 1861

7. AGE

YEARS

MONTHS

DAYS

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

73

2

24

OCCUPATION

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

Farmer

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)

Petta Co.

FATHER

13. NAME

Thomas Beaman

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

Not known

MOTHER

15. MAIDEN NAME

Deassan Miller

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

Not known

17. INFORMANT (ADDRESS)

Mr. John Beaman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Not known DATE 2/27/35

19. UNDERTAKER (ADDRESS)

Le. J. Duncan

20. FILED

Mar. 1, 1935

J. E. Blum

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8:20 a.m.

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

Angina Pectoris

Date of onset _____

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? No

If so, specify _____

(Signed) J. E. Blum M. D.

(Address) Howard Co. Fayette

