

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

Do not use this space.

APR 7 1935

8633

1. PLACE OF DEATH

County Franklin
Township Franklin
City Franklin

Registration District No. 266
Primary Registration District No. 5-375

File No. 15
Registered No. 15
St. Ward

2. FULL NAME

James L. Beesley

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

Length of residence in city or town where death occurred 30 yrs. 6 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 Fanny Beesley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29-1881

7. AGE YEARS 54 MONTHS 1 DAYS 4 IF LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cent Co Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Larry Beesley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lenora McClendon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT Joe Beesley
(Address) Salem Mo.

15. FILED 3/31 1935 St. L. Herald, W. L.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1935

17. I HEREBY CERTIFY That I attended deceased from Feb. 28 1935 to Mar. 2 1935
that I last saw him alive on March 2 1935, and that death occurred, on the date stated above, at 110 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Rt L.
Lobar
Influenza
CONTRIBUTORY (SECONDARY) Influenza
(duration) 110 yrs. 5 mos. ds.
(duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: at home

DID AN OPERATION PRECEDE DEATH: No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Tuberc. Bacter.
(Signed) W. G. Widdow, M. D.

(Address) Salem Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wanners Cemetery

DATE OF BURIAL 3-2 1935

20. UNDERTAKER H. H. Hobson
ADDRESS Salem, 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.

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