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.

JUL 25 1935

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

Do not use this space.

20542

74 2 20

1. PLACE OF DEATH
County Nodaway — Registration District No. 617
Township Barnard — Primary Registration District No. 4368
City ____ (No. ____, ____ St. ____ Ward) — File No. ____ Registered No. 8

2. FULL NAME William Beattie

(a) Residence, No. ____ St., ____ Ward. ____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11. 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	87	1	2	

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) Ireland

FATHER
13. NAME Thomas Beattie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Margaret (last name not known)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) David McConkey Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnard Mo. DATE June 16, 35

19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 6-15-1935 Chas. D. Humbard Sub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to June 13, 1935
I last saw h. alive on June 12, 1935. Death is said to have occurred on the date stated above, at 1 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Middle Meningeal Artery Hemorrhage	

Other contributory causes of importance: Cerebral Arteriosclerosis

Name of operation — Date of ____
What test confirmed diagnosis? — Was there an autopsy? No

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) V. R. Wilson, M. D.
(Address) Rosendale Mo.