

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.

APK 24 1936

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

Do not use this space.

7353

1. PLACE OF DEATH

County Repley

Township Valley

City Repley (No. 107)

Registration District No. 5992

Primary Registration District No. 5992

File No. 8

Registered No. 1304

St. Repley Ward 1

2. FULL NAME

(a) Residence, No. Repley Beasley St. Repley Ward 1

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lura Beasley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>10</u>	DAYS <u>25</u>
If LESS than 1 day, hrs. min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Repley (STATE OR COUNTRY) Mo.

13. NAME Lura Beasley

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

15. MAIDEN NAME Alice Beasley

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

17. INFORMANT X Johnson Beasley (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem DATE Feb 26 1936

19. UNDERTAKER Minnie Lish (ADDRESS) Ray, Mo.

20. FILED May 13 1936 H. E. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1936 to Feb 25 1936

I last saw him alive on noon after injury Death is said to have occurred on the date stated above, at 11:30 a. m.

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

Slut to injury from truck and flying of a wood saw, which struck his head, a pine of wood struck one eye and cut through to back over head

Other contributory causes of importance: wound about 14 inches long

Name of operation none Date of none

What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide, accident Date of injury Feb 25 1936

Where did injury occur? at a neighbor's home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. neighbor's home - private

Manner of injury assaulted wood road

Nature of injury cut through patient's body

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Steenbult M. D.

(Address) Ray, Mo.

