

APR 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis
 Township Union
 City La Grange (No. _____)

Registration District No. 480
 Primary Registration District No. 4289

11405
 File No. _____
 Registered No. 5 Ward _____

2. FULL NAME

James Beath

(a) Residence, No. _____ St. _____ Ward. _____
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th 1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 9 20

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) La Grange (STATE OR COUNTRY) Mo.

13. NAME Clayborn Beath

14. BIRTHPLACE (CITY OR TOWN) Pike County, (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Malvina Stipe

16. BIRTHPLACE (CITY OR TOWN) La Grange (STATE OR COUNTRY) Mo.

17. INFORMANT Mattie Beath (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Mar. 8th 19 36

19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange, Mo.

20. FILED March 8, 1936 W. B. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 19 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1935, to March 7 1936

I last saw him alive on March 7 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance Arteriosclerosis with nephroses

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) W. B. Miller M. D.
 (Address) La Grange, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

