

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.

APR 18 1936

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

Do not use this space.

14984

1. PLACE OF DEATH

County Howard.

Registration District No. 378

Township Fayette,

Primary Registration District No. 4222

City G. Harry Besgrove. (No. St. Ward)

File No.

Registered No. 28

2. FULL NAME

(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 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 "hite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/13th 1867

7. AGE YEARS 68 MONTHS 10 DAYS 21 If LESS than 1 day, hrs. min.

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) England. (STATE OR COUNTRY)

13. NAME William B esgrove.

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

15. MAIDEN NAME Elizabeth Stower

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

17. INFORMANT (ADDRESS) Louis Besgrove.

18. BIRTHPLACE (CITY OR TOWN) Fayette, Mo. (STATE OR COUNTRY)

19. BIRTHPLACE (CITY OR TOWN) Walnut Ridge, (STATE OR COUNTRY)

20. BIRTHPLACE (CITY OR TOWN) Guy T. Halley. (STATE OR COUNTRY)

21. BIRTHPLACE (CITY OR TOWN) Fayette, Mo. (STATE OR COUNTRY)

22. BIRTHPLACE (CITY OR TOWN) Fayette, Mo. (STATE OR COUNTRY)

23. BIRTHPLACE (CITY OR TOWN) Fayette, Mo. (STATE OR COUNTRY)

24. BIRTHPLACE (CITY OR TOWN) Fayette, Mo. (STATE OR COUNTRY)

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30. BIRTHPLACE (CITY OR TOWN) Fayette, Mo. (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/4th 1936, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1936, to 4-4, 1936.

I last saw him alive on 4-4, 1936. Death is said to have occurred on the date stated above, at 11:30 p. m.

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

Coronary occlusion Date of onset 2-23-36

9341

Other contributory causes of importance: Myocardial Infarct 2-24-36

Name of operation none Date of

What test confirmed diagnosis? EKG 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) J. Shaw, M. D.

(Address) Fayette, Mo.

20. FILED Apr. 8, 1936 V. Q. Bonham Registrar.

