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

Do not use this space.

25315

1. PLACE OF DEATH
County Washington
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6181

File No. .....
Registered No. .....

2. FULL NAME W C Beasons

(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1881 July 30

7. AGE: YEARS 54 MONTHS 10 DAYS 9 — IF LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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): Ill

FATHER
13. NAME: Abner Beasons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER
15. MAIDEN NAME: ~~Laurel Beasons~~ Harrie Wright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORM[illegible] (ADDR[illegible]): Lawrence Beasons

18. BURIAL[illegible]TION, OR REMOVAL
PLACE [illegible]sant Hill DATE June 8 1936

19. UNDERTAKER (ADDRESS): Sparks Potosi Mo

20. FILED June 6 1936 G.F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7, 1936

22. I HEREBY CERTIFY That I attended deceased from Did not Attend, 19..., 19...
I last saw h..... alive on Sudden, 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Thrombosis Coronary
Arteries

Date of onset

Other contributory causes of importance:

94B

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) G.F. Cresswell Potosi Mo. M.D.
(Address) County Health Officer

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

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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