

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

Do not use this space.

32828

1. PLACE OF DEATH **SEP 15 1936**

County.....
Township.....
City **St. Louis, Mo.** (No.)

Registration District No. **791**
Primary Registration District No. **Peoples Hospital 1003**

File No.....
Registered No. **8708**
St. (Ward)

2. FULL NAME **Mary Beasley**

(a) Residence, No. **2737 Wash** St., **2/** 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 Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Dee Beasley		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1892		
7. AGE YEARS 44	MONTHS 02	DAYS 25
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
	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) **Jefferson City Missouri**

13. NAME **James Scott**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jefferson City Missouri**

15. MAIDEN NAME **Mary Scott**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jefferson City Mo.**

17. INFORMANT **Celestine Beasley**
(ADDRESS) **2839 Kears**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood** DATE **8, 24, 1936**

19. UNDERTAKER **Charlie L. Torrey**
(ADDRESS) **3129 Locust**

20. FILED **AUG 22 1936**
J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/20 1936**

22. I HEREBY CERTIFY, That I attended deceased from **8/16 1936** to **8/20 1936**

I last saw her alive on **8-20-1936** Death is said to have occurred on the date stated above, at **1:30 P.M.**

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

Cerebral Hemorrhage Date of onset **1 day**

Other contributory causes of importance:
Hypertensive Heart Disease **Unknown**

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?.....

If so, specify.....
(Signed) **C. M. Jones**, M. D.
(Address) **3447 Pine Blvd.**

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.

