

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

Do not use this space.

43688

1. PLACE OF DEATH

County Clackson
Township Clackson
City Clackson Mo.

Registration District No. 26
Primary Registration District No. 5084
(No. Audrain County, Mo.)

File No. _____
Registered No. 190
St. _____ Ward _____

2. FULL NAME

John - G. Beasley
(a) Residence, No. 117 - cl - Clackson 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 Mancy Beasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 19 - 1949

7. AGE YEARS 87 MONTHS 4 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) South-Carolina

FATHER 13. NAME John - Beasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Charles G. Beasley
(ADDRESS) Mexico and

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE 12 - 3 - 1936

19. UNDERTAKER H. A. Beasley
(ADDRESS) Mexico and

20. FILED Dec 3 - 1936 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Coroner's case: Verdict: _____ Date of case: _____

After viewing the dead body and hearing the testimony of two sworn witnesses their testimony recorded in writing and they having signed the same in my presence I did not proceed further with inquest as all evidence indicated he died of natural causes, likely cardiac asthma.
Name of attending physician _____ What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external cause (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 NO

(Signed) W. K. McCall Coroner, Audrain Co., Mo.
(Address) Ladonia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

