

MAY 21 1937

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

Do not use this space.

16688

St. Joseph Hosp.
2002

1. PLACE OF DEATH
 County Jaeger Registration District No. 10 File No. 10
 Township Jaeger Primary Registration District No. 10 Registered No. 10
 City Jaeger (No. 501) Mosette St. 1 Ward 1

2. FULL NAME James Beauville Marcum
 (a) Residence No. 501 Mosette St. 1 Ward. 1
 (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 M
 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 Deemie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1871
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 10 23
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining
 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 ✓

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4-37
 22. I HEREBY CERTIFY That I attended deceased from Feb 21 1937 April 4 1937
 I last saw him alive on April 4 1937. Death is said to have occurred on the date stated above at 7:20 m.
 The principal cause of death and related causes of importance were as follows:
Septicemia + Syphilis Mellitus - Diabetic gangrene right foot
 Other contributory causes of importance: Amputation right foot
 Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
Smithville
 13. NAME Beauville Pulcin Marcum
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
Madison
 15. MOTHER'S NAME Mary Elizabeth Park
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 17. INFORMANT (ADDRESS) Joe L. Marcum
Jaeger
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest PK DATE 4/7-37
 19. UNDERTAKER (ADDRESS) Lucibel Wood Co
Jaeger
 20. FILED 4-9 1937 Ed. James
 Registrar.

Name of operation Amputation of R. foot Date of 4-4-37
 What test confirmed diagnosis? Diabetic gangrene Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1937
 Where did injury occur? no
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. no
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Address) a. Mitchell Jaeger Mo. M. D.

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