AUG 31 1937

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

Do not use this space.

File No. 28515
Registered No. 33

1. PLACE OF DEATH
County Shelby
Township Salt River
City Shelbina (No. ..... St. ..... Ward)
Registration District No. 830
Primary Registration District No. 4503

2. FULL NAME James Beasley.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Annie Beasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-19-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	9	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Section Man
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) Mexico Mo

FATHER
13. NAME Thomas Beasley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs Chas Beasley Shelbina Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Cemetery DATE 7/24/37, 19
19. UNDERTAKER (ADDRESS) Mellon-Barkedew Shelbina, Mo.
20. FILED July 28, 1937 Ruth Gilmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall about 25 ft The impact and shock from fall was cause of death.	1920

Other contributory causes of importance: Location of fall on the south side of shed about 25 to 30 ft west of Power Service Station
Name of hospital or institution Macon City, Mo 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? Accident Date of injury ....., 19.....
Where did injury occur? Shelbina (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. unnecessary.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. W. Munroe (Coroner) M. D.
(Address) Bethel, Mo

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.