

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County AudrainTownship SaltriverCity MexicoRegistration District No. 26Primary Registration District No. 3002(No. 721 S. Jefferson St.)File No. 37005Registered No. 162St. Ward 2. FULL NAME John Frank Beam(a) Residence, No. 721 S. Jefferson

(Usual place of abode)

St. Ward.

(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEmma Jane Beam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

December 18, 1866

7. AGE

YEARS

70

MONTHS

10

DAYS

2

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laboree9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Audrain County, Mo.

FATHER

13. NAME James Beam14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Va.

MOTHER

15. MAIDEN NAME Elizabeth Heizer16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Audrain County, Mo.

17. INFORMANT

(ADDRESS)

Jesse BeamMexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Elmwood Cemetery, Mexico, Oct. 24, 1937

19. UNDERTAKER

(ADDRESS)

H.A. Precht & SonMexico, Mo.

20. FILED

At 23, 1937Blanche Keely
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct. 22, 193722. I HEREBY CERTIFY, That I attended deceased from
10-19-, 1937, to 10-22, 1937I last saw him alive on 10-19-, 1937 Death is saidto have occurred on the date stated above, at 3:30 A.M.

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

Date of onset

Endocarditis &
Chronic
Coronary sclerosis

Other contributory causes of importance:

(Name of operation None Date of)What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19Where 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? NoIf so, specify (Signed) John H. Kelly, M. D.(Address) Mexico, Mo.

WRITE PLAINLY, WITH UNFADING INK

30M-10-22-36
I 38314

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement.

94B

CAUSE OF DEATH—'injury'—'injury' may be properly classified

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37005

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26
(b) Township..... Primary Registration District No. 3002 Registered No.....
(c) City Mexico (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Frank Beam St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
70 10 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 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.....m.

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

Endocarditis Date of onset

(Chronic)

Coronary Sclerosis

Other contributory causes of importance:

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) J. Frank Valley, M. D.

(Address) Mexico Ind

S-37005