

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Johnson Registration District No. 426 File No. 11173
 Township Chilhowee Primary Registration District No. 4252 Registered No. 3
 City Chilhowee (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph George Beaty 300

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neva Beaty6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
70 8 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor

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) Huntingdale (STATE OR COUNTRY) Mo13. NAME Lewis P. Beaty14. BIRTHPLACE (CITY OR TOWN) Henry Co., Mo (STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Mrs Neva Beaty (ADDRESS) Chilhowee, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter, cem DATE Mar 25-3819. UNDERTAKER O. L. Cook (ADDRESS) Chilhowee, Mo.20. FILED 4-4 1938 O. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23-193822. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to March 23, 1938

I last saw h. _____ alive on _____, 19____. 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:

Coronary Thrombosis
Carcinoma of the
of pancreas
Date of onset 3/23/38
12/1/38

Other contributory causes of importance: HOName of operation none 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? no

If so, specify _____

(Signed) H. Thompson, M. D.(Address) Holder

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WHITE FEMALE, WITH OUTRAGED HONOR THIS IS A PERMANENT RECORD

X9314

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.

