

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County Howell
Township LAUREL
City Howell (No. 1)

Registration District No. 385
Primary Registration District No. 5836

File No. 25494
Registered No. _____

2. FULL NAME

Infant Beasley
(a) Residence, No. _____ St. _____
(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. (If nonresident, give city or town and State) Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13-1938

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Willow Springs (STATE OR COUNTRY) Missouri

13. NAME William Beasley

14. BIRTHPLACE (CITY OR TOWN) Willow Springs (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Madge Whitel

16. BIRTHPLACE (CITY OR TOWN) Willow Springs (STATE OR COUNTRY) Missouri

17. INFORMANT Ellen DeVore (ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nease Cemetery DATE July 14 1938

19. UNDERTAKER Burgess & Sons (ADDRESS) Willow Springs Mo.

20. FILED 7-14-38 Ranelle Ferguson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-13-1938, to 7-13-1938

I last saw h. a. r. alive on 7-13-1938. Death is said to have occurred on the date stated above, at 4 P.M.

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

Premature Birth

Date of onset 7-13-38

Other contributory causes of importance: 15'

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____

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) J.P. Ballihan, M. D.
(Address) Willow Springs, 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.

WRITE PERMANENT, WITH OBTAINING INK—THIS IS A PERMANENT RECORD

