

DEC'D JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Howard,
Township Fayette,
City 7/10/1 (No. 1)

Registration District No. 878
Primary Registration District No. 4922

File No. 22246
Registered No. 30
St. Ward)

2. FULL NAME Aggie Smith Besgrove,

(a) Residence, No. St. Ward.
(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)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/19th 1867

7. AGE YEARS 62 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.

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

13. NAME Robert Maupin,

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

15. MAIDEN NAME Martha Smith.

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

17. INFORMANT Mrs George Bradley. (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 6/14th 1939

19. UNDERTAKER Guy T. Halley. (ADDRESS) Fayette, Mo.

20. FILED July 5 1939 W. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/11th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1930, to 6-11, 1939

I last saw him alive on 6-11, 1939. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Acute right sided heart failure with pulmonary edema Date of onset 6-11-39

Other contributory causes of importance: Hypertension & myocarditis 1930

Name of operation No Date of
What test confirmed diagnosis Phys findings 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) Wm. J. Shaw M. D.

(Address) Fayette, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/7/39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22246

Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
(b) Township Fayette Primary Registration District No. 4222
(c) City _____ (d) Street No. _____
(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. Aggie Smith Besgrove 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 m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-19-1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 22
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)

13. NAME

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

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 July 5-1939 V. Q. Bonham Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

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

Date of onset

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) Mrs. J. Shaw, M. D.

(Address) Fayette mo

