

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.

APR 2 1940

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

Do not use this space.

1. PLACE OF DEATH

County Rollinger

Registration District No. 68

Township Crooked Creek

Primary Registration District No. 5109

City Beaumont

(No. 2)

St. Mo.

Ward 10131

2. FULL NAME Jessie Beum

(a) Residence, No. 510

St. Mo.

Ward 10131

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Yrs. 0

Mos. 0

Ds. 0

How long in U. S., if of foreign birth?

Yrs. 0

Mos. 0

Ds. 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

John

Beum

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

25 May 1873

7. AGE

YEARS

66

MONTHS

6

DAYS

15

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

House Keeper

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)

Franklin Mo. Mo.

FATHER

13. NAME

Jess

Woodcock

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

Franklin Co. Mo.

MOTHER

15. MAIDEN NAME

Rachel Keen

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

Franklin Co. Mo.

17. INFORMANT

(ADDRESS)

John Beum  
Beaumont, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hurricane Fork

DATE Dec, 12th

19. UNDERTAKER

(ADDRESS)

Baker Funeral Home,  
Lutesville, Mo.

20. FILED

Apr 8

1940

Beaumont, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 11th

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1939 to Dec 11th 1939

I last saw Beum alive on Dec 7th 1939 Death is said

to have occurred on the date stated above, at 7-30A m.

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

Date of onset

Bronchitis Acute

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)

Edward C. Cates M. D.

(Address)

Beaumont, Mo.

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