

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

Do not use this space.

9620

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 5408 3018
 City Clinton (No. , South Washington St. 343 Ward)

2. FULL NAME John Beaseley

(a) Residence, No. South Washington St., 3rd Ward.
 (Usual place of abode) (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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 18

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Roy Beasley
Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 2-28-1931

19. UNDERTAKER (ADDRESS) W. H. SIMS
Clinton

20. FILED 3/28, 1931 Ed C. Peelor
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from August, 1929 to mar 27, 1931

I last saw him alive on mar 17, 1931 Death is said to have occurred on the date stated above, at 5:10 p.m.

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

Atherosclerosis
94 years duration
Angina Pectoris
 Name of operation none Date of
 What test confirmed diagnosis Chinid 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) Swoboda, M. D.
 (Address) Clinton, 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.

APR 23 1931

