

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

Do not use this space.

8187

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Clivine Beasley
 (a) Residence, No. 608 South Carter 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Beasley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9 1859</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>13</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Kansas 2

13. NAME
Guindon Tronson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Norway 24

15. MAIDEN NAME
Tronson

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

17. INFORMANT (ADDRESS)
Mr. G. S. Justice
Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Clinton Mo DATE 3/5 32

19. UNDERTAKER (ADDRESS)
son
Clinton Mo

20. FILED 3/5 1932 Ed C. Bealor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/ 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12 p 1931 to Mar. 2 1932

I last saw her alive on Mar. 2 1932 Death is said to have occurred on the date stated above, at 7:30 AM, The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
668
438
107A
 Other contributory causes of importance:
1. Valve Disease
2. Bronchial Pneumonia

Date of onset

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? No
 If so, specify _____

(Signed) R. S. Hallingford 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 2 1932

Hallingford

