

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

Do not use this space.

39855

JAN 26 1934  
43

**PLACE OF DEATH**

County Henry  
Township Robert Deer Creek  
City Calhoun (No. ....)

Registration District No. 349  
Primary Registration District No. 5499

File No. ....  
Registered No. 17  
St. .... Ward)

**2. FULL NAME**

Samuel Beatty

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Emma Beatty</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 16 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAYS <u>4</u>	IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Calhoun Mo  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Alex Beatty</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Susan Beatty</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Calhoun Missouri</u>

14. INFORMANT J. B. McFarland  
(Address) Calhoun Mo

15. FILED 12-21-33 Mo. D. A. Year  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1933  
17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1933 to Dec 20th, 1933 that I last saw him alive on Dec 20th, 1933, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute myocardial infarction  
928  
1000

CONTRIBUTORY (SECONDARY) Benjamin  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. C. Bellard, M. D.  
, 19 (Address) Calhoun Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL 12-21-1933  
20. UNDERTAKER J. A. Housley ADDRESS Calhoun 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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

