Carlyle

FEB 19 1931

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.

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

Do not use this space.

1731

1. PLACE OF DEATH

4 County Jasper — Registration District No. 409 — File No.

Township — Primary Registration District No. 4239 — Registered No. 3

City Alba (No. ..... St. ..... Ward)

6 2. FULL NAME David Riley Beagle

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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 ~~(OR) WIFE OF~~ Anna Belle Beagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 1861

7. AGE — YEARS: 69 — MONTHS: 5 — DAYS: X — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Paxton Ill. 2

FATHER

13. NAME Wm Beagle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Mary Uiford

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

17. INFORMANT (ADDRESS) Clyde Beagle Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE 1/31 1931

19. UNDERTAKER (ADDRESS) Webb City Und Co Webb City Mo

20. FILED 1-31- 1931 Effie Green Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 14th 1931, to Jan 29th, 1931

I last saw him alive on Jan 29th, 1931. Death is said to have occurred on the date stated above, at 2:30 P m.

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

Chronic Brights Disease — Date of onset 1927

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Other contributory causes of importance:

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? Hellers 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) D A Carlyle, M. D.

(Address) Alba Mo