

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.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph, Mo. (No. Sunnyslope Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 22373  
 Registered No. 707

**2. FULL NAME** Henry Othello Beason

(a) Residence, No. 303 South 13th Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 15 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** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF Cora Beason  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** March 8, 1884  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 4 5  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Telegraph Oper.  
**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)** Nebraska City, Nebraska

**13. NAME** Silas Beason

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

**15. MAIDEN NAME** Unknown

**15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Unknown

**17. INFORMANT** Mrs. Cora Beason  
 (ADDRESS) St. Joseph, Missouri

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Mt. Auburn DATE July 15, 1933

**19. UNDERTAKER** Fleeman Mortuary, Inc.  
 (ADDRESS) St. Joseph, Missouri

**20. FILE** Jul 15 1933 Johannes Bender  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 13, 1933

**22. I HEREBY CERTIFY**, That I attended deceased from Feb 23, 1932 to July 13, 1933  
 I last saw him alive on May 12, 1933 Death is said to have occurred on the date stated above, at 8:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
28A  
57H  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Cholera (diffuse)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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?** M  
 If so, specify \_\_\_\_\_  
 (Signed) H. H. Walbe, M. D.  
 (Address) 301 W. 14th St. St. Joseph, Mo.

