

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.

NOV 10 1933

La. 124

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

Do not use this space.

32164

1. PLACE OF DEATH

7 County Bates Registration District No. 50
Township Summit Primary Registration District No. 5076
City (No. St. Ward)

2. FULL NAME

David Washington Beaman

(a) Residence, No. St. Ward. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. M. T. Beaman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1848
7. AGE YEARS 85 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Pittsboro Missouri

FATHER
13. NAME William Beaman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Jane Staniford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs Etta Kersey (ADDRESS) Butler mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 29 1933

19. UNDERTAKER Colver (ADDRESS) Butler mo

20. FILED Oct 28, 1933 Anna L Colver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1929 to Oct 27 1933
I last saw him alive on Oct 27 1933 Death is said to have occurred on the date stated above, at 9 a

The principal cause of death and related causes of importance were as follows:
Broncho pneumonia Date of onset

107A
107B
Other contributory causes of importance:

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?
If so, specify

(Signed) R. D. Luper M. D.
(Address) Butler mo

