

APR 23 1940

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

Do not use this space.

12689

1. PLACE OF DEATH

County Texas  
Township Churruel  
City 240 Mahala Beasley (No. 2)

Registration District No. 565  
Primary Registration District No. 6149

File No. 6  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Licking-rural St. 01 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

MEDICAL CERTIFICATE OF DEATH

|   |                              |   |
|---|------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF<br><u>Jessie Beasley</u>                         |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Apr 23 1858</u>   |                              |   |
| 7. AGE YEARS<br><u>81</u>   | MONTHS<br><u>10</u>          | DAYS<br><u>11</u>   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired</u> |                              |   |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>house work</u>       |                              |   |
| 10. Date deceased last worked at this occupation (month and year)<br><u>1938</u>                              |                              | 11. Total time (years) spent in this occupation<br><u>62</u>              |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Tenn</u> 1   |                              |   |
| 13. NAME<br><u>Ely McMahon</u>  |                              |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Tenn</u> 1   |                              |   |
| 15. MAIDEN NAME<br><u>Sarah Boll</u>  |                              |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Tenn</u> 1   |                              |   |
| 17. INFORMANT<br><u>H B Beasley</u><br><u>Raymond</u>   |                              |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Bone Creek</u> DATE <u>Mar 5 1940</u>                           |                              |   |
| 19. UNDERTAKER<br><u>John Ferguson</u><br><u>John Ferguson</u>  |                              |   |
| 20. FILED <u>3/4 1940</u><br><u>J. H. Reed</u><br>Registrar.  |                              |   |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1928, to Mar 4 1940  
I last saw her alive on Feb 29 1938 Death is said to have occurred on the date stated above, at 3 a.m.  
The principal cause of death and related causes of importance were as follows:  
Nephritis Chronic Date of onset 1928

Other contributory causes of importance: 101

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 Retired  
(Signed) \_\_\_\_\_ M. D.  
776 (Address) Licking 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.

RECEIVED

District Health Officer No. 5,

District File Number 440482

Date Filed 4/1/40