

**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 St Joseph

Primary Registration District No. 1001

City St Joseph

(No. 3213 Mitchell)

File No. 205

Registered No. 47

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

David Allen Beattie

(a) Residence, No. 3213 Mitchell

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs.  mos.  ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, 1849

7. AGE

YEARS 80

MONTHS 8

DAYS 4

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew Co Mo

(STATE OR COUNTRY)

10. NAME OF FATHER Armstrong Beattie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Viv

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Paulette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wink

(STATE OR COUNTRY)

14.

INFORMANT Katie Beattie

(address) 3213 Mitchell

15.

FILED JAN 13 1930

REGISTRAR J. G. Utz

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 10 1930 to Jan 11 1930, that I last saw him alive on Jan 10 1930, and that death occurred, on the date stated above, at 1:58 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Insufficiency

92 H

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms

(Signed) Arthur Kelley M. D.

Jan 12, 1930 (Address) St Joseph 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 Savannah Mo

DATE OF BURIAL Jan 14 1930

20. UMBERTAKER Fleeman Funeral Home

ADDRESS 1946 Colham

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.

USE BLUE INK

1  
1  
2  
31

