

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln  
Township Clark  
City Pray

Registration District No. 491  
Primary Registration District No. 5656

File No. 38102

Registered No. \_\_\_\_\_  
St: \_\_\_\_\_ Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 10

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

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) Schlemburg

13. NAME Christophus Beckmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Rieker

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

17. INFORMANT (ADDRESS) John Schmit

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Hill DATE 10 - 26 - 37

19. UNDERTAKER (ADDRESS) Kemper Bros

20. FILED Oct 25 1937 Mrs Pearl Mueck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937, to Oct 24, 1937.

I last saw him alive on Oct 24, 1937. Death is said

to have occurred on the date stated above, at 11 - a. m.

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

Chronic nephritis and acute suppuration

Date of onset

Other contributory causes of importance:

Impairment of Old Age.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Physical 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) E. A. Hicks, M. D.

(Address) Pray, Missouri

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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