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

Do not use this space.

13076

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 13076

Township ..... Primary Registration District No. 1003 Registered No. 13569

City St. Louis Mo (No. Mo. Pacific Hospital St. ..... Ward)

2. FULL NAME Chas. Beals.

(a) Residence. No. Emporia Kansas St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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~~ Elsie Beals

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8-1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	3	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Enos Beals
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Amina Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Mrs Elsie Beals
(Address) Emporia Kansas.

15. FILED APR -7 1927 Max C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1927

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1927, to April 7, 1927 that I last saw him alive on April 7, 1927, and that death occurred, on the date stated above, at 10:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Post-Encephalitic Paralysis
9-C
82D (duration) 3 yrs. 6 mos. ds.
78B
CONTRIBUTORY (SECONDARY) Myocarditis, chronic. (duration) indefinite ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hoisington, Kansas
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) James O. Hall, M.D.
4-7, 1927 (Address) Mo. Pac. Hospital, St. Louis, Mo.

Dr. James O. Hall

*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: Emporia Kansas. DATE OF BURIAL: April 7 1927

20. UNDERTAKER: E. J. Schnur ADDRESS: 3125 Lafayette Av.

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 25 1954