

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Jefferson 2nd
City Festus Mo (No. St. Ward)

Registration District No. 421
Primary Registration District No. 4249

File No. 9504
Registered No. 24

2. FULL NAME

Rienhold Rufus Beerfield
(a) Residence. No. Festus 2nd St., Ward,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 4 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Glass worker
(b) General nature of industry, business, or establishment in which employed (or employer) T P & Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Frohna
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Ernest F Beerfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frohna
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Margina Wirth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springtown
(STATE OR COUNTRY) Mo

14. INFORMANT Angela Beerfield
(Address) Festus 2nd

15. FILED 3/23/28 J E Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1928
17. I HEREBY CERTIFY That I attended deceased from Jan 28, 1928, to Mar 20, 1928
(that I last saw him alive on May 20, 1928, and that death occurred, on the date stated above, at 11 a. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Lungs
W. H. J. (duration) yrs. 2 mos. da.
CONTRIBUTORY (SECONDARY) W. H. J. (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? clinical only
(Signed) W. W. Davis, M. D.
3/21, 1928 (Address) Festus 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 Festus 2nd DATE OF BURIAL Mar 23 1928

20. UNDERTAKER Duesler & Vinyard ADDRESS Festus 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.

1928

