

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

Do not use this space.

34816

1. PLACE OF DEATH

County Wheeler Registration District No. 756
Township Portage des Sioux Primary Registration District No. 599
City..... (No..... St..... Ward)

File No.....
Registered No.....

2. FULL NAME

Louis A Beilsmith
(a) Residence. No..... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Behl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 - 1853

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>4</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Beardstown
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Henry Beilsmith

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

12. MAIDEN NAME OF MOTHER Joe Mastrey

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

14. INFORMANT Lloyd Beilsmith
(Address) Portage des Sioux Mo

15. FILED Oct 25 1929 C. A. Barnard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1929, to Oct 23, 1929 that I last saw h..... alive on Oct 22, 1929 and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
9300 (duration) yrs. mos. 13 ds.

CONTRIBUTORY Chronic Myocarditi
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) C. A. Barnard, M. D.

Oct 25, 19 29 (Address) Portage des Sioux 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 St Francis Cemetery DATE OF BURIAL Oct 25 1929

20. UNDERTAKER W. J. Dallenmyer & Son 60 ADDRESS Wheeler 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.

