

NOV 3 1930

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

Do not use this space.

31019

1. PLACE OF DEATH

County Scott
Township Central
City St. Charles (No. 7501)

Registration District No. 789
Primary Registration District No. 6038B
St. Charles Road Road St. _____ Ward _____

File No. _____
Registered No. 275

2. FULL NAME

(a) Residence. No. 7501 St. Charles 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

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

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

June 26 - 1873

7. AGE

YEARS MONTHS DAYS
57 2 27

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Wapello, Iowa

10. NAME OF FATHER

Roschke Beane

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Martha Stoffe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

Mrs. Edw. Beane
(Address) 7501 St. Charles Road

15. FILED

9/24 1930 Opela Gray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/23 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1930, to Sept. 23, 1930, that I last saw him alive on Sept. 23, 1930, and that death occurred, on the date stated above, at 4:48 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis (chronic)
93
0.58

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Acute Deletion of heart

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Roy Compton, M. D.

9/24 . 19 30 (Address) 7100 Page Blvd

*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

DATE OF BURIAL

Wapello, Iowa

Sept 24 1930

20. UNDERTAKER

ADDRESS

Wm. Schmacker

4894 Nat Budge

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.

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