NOV 26 1930

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

Do not use this space.
33376

55

1. PLACE OF DEATH

County *Knox* Registration District No. *443* File No.

Township *Lyon* Primary Registration District No. *5601 B* Registered No.

City *~~Hurdland~~ Mo* (No. St. Ward)

2. FULL NAME *Charles M. Beers*

(a) Residence. No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	*W*	*married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs Lottie Beers*

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
83	*8*	*2*	

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

9. BIRTHPLACE (CITY OR TOWN) *not Known*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *not Known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) *~~not K~~ Missouri*

12. MAIDEN NAME OF MOTHER *not Known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) *not Known*

14. INFORMANT *Nora Beers*
(Address) *Hurdland MO*

15. FILED *10/24* 19*30* *D A Sissel* REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 22* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 14* 19*30* to *Oct 21* 19*30*

that I last saw h~~im~~ alive on *Oct 21* 19*30* and that death occurred, on the date stated above, at *8:10 a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock - Brain from Glaucoma of left eye

552 *162* (duration) yrs. mos. *7* ds.

CONTRIBUTORY (SECONDARY) *Senility*

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. A. Schoetz* M.D.

, 19 (Address) *Hurdland 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 *~~[illegible]~~ Rock Creek*

DATE OF BURIAL *23* 19*30*

20. UNDERTAKER *Geo Br Esaley Dr*

ADDRESS *Hurdland MO*

N. B.—[redacted] information should be carefully supplied. AGE should be stated EXACTLY. [redacted] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[redacted]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

47

1. PLACE OF DEATH

County: Knox — Registration District No. 443 — File No. ...

Township: Lyon — Primary Registration District No. 3601 B — Registered No. ...

City ... (No. ... St., ... Ward)

2. FULL NAME Charles M. Beers

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	M

5a. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF ...

6. DATE OF BIRTH (month, day and year) ...

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ...
(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) ...

PARENTS
10. NAME OF FATHER ...
11. BIRTHPLACE OF FATHER (city or town) ... (State or country) ...
12. MAIDEN NAME OF MOTHER ...
13. BIRTHPLACE OF MOTHER (city or town) ... (State or country) ...

14. Informant ... (Address) ...

15. Filed ..., 19.. D A Sissel, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Oct 22 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.., that I last saw h... alive on ..., 19.., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:
Shock & Pain from
Glaucoma of left eye
~~Malignant~~
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (secondary) ... (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) ..., M. D.
..., 19.. (Address) ...

*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 Oct 23 1930

20. UNDERTAKER ... — ADDRESS ...

S-33376