

MAR 25 1931

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

Do not use this space.

2020

1. PLACE OF DEATH
 County McDonnell Registration District No. 1167
 Township Elphinstone Primary Registration District No. 3698
 City (No. St. Ward)

2. FULL NAME McFarland Beauer
 (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.

File No. _____
 Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 28

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) (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Henry Beauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ark. 5

12. MAIDEN NAME OF MOTHER Emma Gilmore

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

14. INFORMANT Henry Beauer
 (Address) Starbuck R.F.D. 1

15. Feb. 16 1931 E. Edmondson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1931

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 _____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental death by discharge of gun, while hunting
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 184 / 84
 (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? (5)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Thos. Johnson Cronin
 19 (Address) W. Person 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 DATE OF BURIAL
Macedonia Cem Jan 5 1931

20. UNDERTAKER ADDRESS
Pozner W. C. Wheaton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

