

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

Do not use this space.

11171

16

1. PLACE OF DEATH

County City Ralls
Township Salt River
City (No.) St. Ward)

Registration District No. 727
Primary Registration District No. 5-959

File No.
Registered No.

2. FULL NAME Napaliam J. Beaver

(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 30 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 Nettie Beaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 58

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) La Grange Mo.

10. NAME OF FATHER Thos. J. Beaver

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

12. MAIDEN NAME OF MOTHER Sarah Corfman

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

14. INFORMANT J. P. Beaver
(Address) Hannibal Mo.

15. FILED 3/30 1931 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1931, to March 3, 1931, that I last saw him alive on March 3, 1931, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
132A
B a B
(duration) yrs. mos. ds.

CONTRIBUTORY Undoubtedly - Nephritis (SECONDARY)
(duration) 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? None
(Signed) W. J. Traters, M. D.

3/3/1931 (Address) New London 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
Mt. Olivet Cemetery Hannibal Mo. 3/5-1931

20. UNDERTAKER ADDRESS
Schwartz Funeral Home Hannibal 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.

APR 25 1931

