

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

Do not use this space.

28087

1. PLACE OF DEATH

County Harrison
Township Redgway
City Redgway (No.)

Registration District No. 341
Primary Registration District No. 4204

File No.
Registered No. 8
St. Ward

2. FULL NAME

Francis A. Beeks

(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 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 Mayora Beeks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Dubuque Ia
(STATE OR COUNTRY)

10. NAME OF FATHER

M. S. Beeks

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary E. Fleming

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown
(STATE OR COUNTRY)

14. INFORMANT

Mrs. R. M. Stanley
(Address) King City, Missouri

15. FILED

8/23, 1931 W. C. Brewer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1931

17. I HEREBY CERTIFY, That I attended deceased from: August 18, 1931, to August 19, 1931, that I last saw him alive on August 19, 1931, and that death occurred, on the date stated above, at 10:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental fall from building
1931

186B (duration) 4 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Fracture of skull
(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? Examination of skull

(Signed) Jas. H. Morrow, M. D.

8/22, 1931 (Address) Redgway 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

Redgway Cemetery 8/23 1931

20. UNDERTAKER

ADDRESS

O'Pagan Redgway 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.

SEP 23 1931

