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

Do not use this space.

765

File No. Dr Webb

Registered No. 49

1. PLACE OF DEATH

39 County Greene — Registration District No. 318

3 Township — Primary Registration District No. 2001

5 City Springfield (No. 1093 S. National St. ..... Ward)

2. FULL NAME Frank A. Beyer

(a) Residence. No. 1093 S. National 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Caroline L. Beyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Supt Fuses & Shops
(c) Name of employer 25 years

9. BIRTHPLACE (CITY OR TOWN) Strassburg
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Joseph Beyer

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

12. MAIDEN NAME OF MOTHER Mary Fluser

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

14. INFORMANT Frank A. Beyer Jr
(Address) 745 Loren St.

15. FILED 1-18, 1932 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1932, to Jan 17, 1932 that I last saw him alive on Jan 17, 1932, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage left side
824
99 (duration) 3½ hrs. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis (duration) 5 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? Clinical Signs
(Signed) Leslie R. Webb, M. D.
1-18, 1932 (Address) Springfield, 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
Maple Park	1/19 1932
20. UNDERTAKER	ADDRESS
Herman L. Dunleyer	Springfield

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.

FEB 24 1932