

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

Do not use this space.

16797

1. PLACE OF DEATH

64 County Marion
Township South River
City (No. _____) _____ St. _____ Ward _____

Registration District No. 548
Primary Registration District No. 5741

File No. _____
Registered No. 36

2. FULL NAME

(a) Residence, No. R. P. #2 Palmyra Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 yrs. \ mos. \ ds. How long in U. S., if of foreign birth? 60 yrs. \ mos. \ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Annis Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17th 1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
91 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) Dec 1931 11. Total time (years) spent in this occupation 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hertsfordshire England

13. NAME John Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hertsfordshire England

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hertsfordshire England

17. INFORMANT (ADDRESS) Robert J. Beichmann

18. BURIAL, CREMATION, OR REMOVAL PLACE Cuney, Ill DATE May 12 1932

19. UNDERTAKER (ADDRESS) John A. Beichmann Palmyra Mo

20. FILED May 12 1932 Gertie Lee Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1932 to May 12, 1932
I last saw him alive on April 12, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Septic myocarditis Date of onset April 15-32
930
Other contributory causes of importance: Arteriosclerosis Block of heart

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) R. J. Beichmann, M. D.
(Address) Palmyra 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.

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

MAY 23 1932

