

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

Do not use this space.

38315

1. PLACE OF DEATH

6 County Barton Registration District No. 40
2 Township City Primary Registration District No. 4024
2 City Lamar (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 53
St. _____ (Ward) _____

2. FULL NAME

Dell Delbert Beam

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Jennie McCants Beam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 3-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Barber 226
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) El Paso, Illinois 2
(STATE OR COUNTRY)

10. NAME OF FATHER Jacob Beam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Longland New York
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bentah Mullin

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

14. INFORMANT Mrs. D. D. Beam
(Address) Lamar, Mo.

15. FILED Dec 9 1932 A. J. Myratt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 7 1932

17. HEREBY CERTIFY, That I attended deceased from Dec-7, 1932 to Dec 7, 1932 that I last saw him alive on Dec 7, 1932, and that death occurred, on the date stated above, at 6:06 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

J. H. Shaw (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) J. H. Shaw (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH? 1 DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Ducsett, M. D.

Dec 9, 1932 (Address) Lamar, 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 A. F. A. M. Cem. Jasper, Mo. DATE OF BURIAL Dec 9 1932

20. UNDERTAKER C. F. Morantz ADDRESS Lamar

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.

JAN 21 1933

