WHITE PENNEY, 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.

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

Do not use this space.

41328

1. PLACE OF DEATH

94 County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018A — Registered No. 137

Near City Farmington, Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Louis Beishir

(a) Residence, No. Valley Park, Mo. 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72 73	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

FATHER

13. NAME Samuel Beishir

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania 2

MOTHER

15. MAIDEN NAME Sarah Woodruff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Cem St Louis DATE Dec 20, 1932

19. UNDERTAKER (ADDRESS) Alvin Hood Flat River Mo

20. FILED Dec 19, 1932 B J Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

B

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 18, 1932

I last saw him alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset ?

930

Other contributory causes of importance:

General arteriosclerosis and mental deterioration

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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? .....

If so, specify .....

(Signed) P. S. Tate, M. D.

(Address) Hosp. #4 Farmington Mo.