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

Do not use this space.

15395

File No.
Registered No.

1. PLACE OF DEATH
County: Schuyler
Township
City: Downing (No. St. Ward)

Registration District No. 802
Primary Registration District No. 4461

2. FULL NAME: Louis Lafayette Beach

(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.

MAY 24 1933

**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: Margaretta Black

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 3 1858

7. AGE: Years 74 Months 8 Days 6 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: John Beach
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): O
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs Margaretta Beach
(Address): Downing Mo

15. FILED: April 10, 1933 J. Bridges REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 9 1933

17. I HEREBY CERTIFY, That I attended deceased from: Jan 14, 1933 to: April 9, 1933 that I last saw him alive on: April 9, 1933, and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza, Gastric and intestinal

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Prostatic mass

(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. B. Bridges M. D.
, 19 (Address) Downing 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: Downing I.O.O.
DATE OF BURIAL: April 10 1933

20. UNDERTAKER: Robert A. Moore
ADDRESS: Downing

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.