

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.

NOV 9 1934

1. PLACE OF DEATH
36 County Franklin Registration District No. 296
Township Union Primary Registration District No. 5413
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Chauncey L. Beynon
(a) Residence, No. 5912 Barthmer St. St. Louis Mo. Ward. St. Louis Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

32452

File No. _____
Registered No. _____

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 Widowed Nellie Beynon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 Unknown

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mail Carrier
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) 1-1-1934 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
13. NAME Louis Beynon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
17. INFORMANT Ralph Beynon
(ADDRESS) 5912 Barthmer Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE 9/11 1934
19. UNDERTAKER Union Furniture Co By Woodlawn
(ADDRESS) Union Mo.
20. FILED Nov 1 1934 J. B. Mansfield
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12-15 P. m.
The principal cause of death and related causes of importance were as follows:
930 Chronic Myocarditis (Heart Failure) Date of onset _____
Other contributory causes of importance 930
Name of operation none Date of _____
What test confirmed diagnosis? Autopsy 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) E. D. Washington
(Address) St. Louis Mo.

