

DEC 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....Jackson.....
 Township.....Waver.....
 City.....Kansas City, Mo. (No.....2553 Holmes.....)

Registration District No.....399.....
 Primary Registration District No.....1002.....

File No.....39484
4595
 Registered No.....
 St..... Ward.....

2. FULL NAME.....William F. Beyer.....

(a) Residence, No.....2553 Holmes.....St.,..... Ward.....
 (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.....Male.....
4. COLOR OR RACE.....White.....
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....Single.....
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR).....5-16-1870.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc......Retired.....
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).....Franklin, Iowa......**13. NAME**.....Louis Beyer,.....**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**.....Iowa......**15. MAIDEN NAME**.....Magdalena Berg.....**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**.....Germany......**17. INFORMANT (ADDRESS)**.....Mrs. Lou McKee, 2553 Holmes St. Kansas City, Mo......**18. BURIAL, CREMATION, OR REMOVAL PLACE**.....Okla. City, Okla......
DATE.....Nov. 18 34.....**19. UNDERTAKER (ADDRESS)**.....Mrs. E. L. Foster, 918 Broadway, Ave......**20. FILED**.....11-17.....1934.....
 Registrar.....**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**.....11-16-.....1934.....

22. I HEREBY CERTIFY, That I attended deceased from.....July 9 34.....19....., to Nov 15 34.....19.....
 I last saw him alive on Nov 15, 34 12 P.M...... Death is said

to have occurred on the date stated above, at 11-17-A.M......
 The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate..... Date of onset.....
510
4/10/34

Other contributory causes of importance:
metastases to intestine
I stomach

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).....Joseph S. Hensche, M. D......
 (Address).....7012-11 Argyle Blvd. Kansas City, Mo......

