

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

Do not use this space.

FEB 20 1935

323

1. PLACE OF DEATH

County.....Buchanan.....
Township.....
City.....St. Joseph..... (No. 921 No. 24th St.)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 147 St. Ward)

2. FULL NAME

Eugene Beaupeurt

(a) Residence, No. 921 No. 24th St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Beaupeurt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25, 1855</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>2</u>	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Gardner</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>and at present was Huckster.</u>			
	10. Date deceased last worked at this occupation (month, and year) <u>Jan. 1935</u>			
				11. Total time (years) spent in this occupation. <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace, France

13. NAME Joseph Beaupeurt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace, France.

15. MAIDEN NAME Mary Catherine Lang

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace, France

17. INFORMANT (ADDRESS) Jos. E. Beaupeurt St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Feb. 2, 1935

19. UNDERTAKER (ADDRESS) Walter Melchroff 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-31-35 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to Jan 31 1935
I last saw him alive on Jan 20 19..... Death is said to have occurred on the date stated above, at 12.20m. A.M.

The principal cause of death and related causes of importance were as follows:
Heart failure congestive with edema. Chronic myocarditis.
Other contributory causes of importance:
Nephritis Chronic Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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? No
If so, specify (Signed) H. S. Curran, M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

