Dr. Bedford

JUL 19 1935

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

Do not use this space.

19273

File No.

Registered No. 196

1. PLACE OF DEATH

County Cole — Registration District No. 213

Township — Primary Registration District No. 3014

City Jefferson (No. ..., St. ..., Ward)

2. FULL NAME Harry Squire Beer

(a) Residence, No. ..., 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-15-1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	1	3	

OCCUPATION

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

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) Devonshire, England

FATHER

13. NAME William Beer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Sarah Fosh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Allan Beer
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE June-20-1935

19. UNDERTAKER Thos. J. Condon
(ADDRESS) Jefferson City Mo

20. FILED July 19 1935 M. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to June 18, 1935

I last saw ~~him~~ alive on June 18, 1935. Death is said to have occurred on the date stated above, at 3 p.m.

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

Pneumonia Bronc — Date of onset 4/12/35

Other contributory causes of importance: Senility Parkinson's disease

Name of operation None 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) M. Bedford, M. D.

(Address) Jeff City Mo

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.