

APR 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County *St. Gen.*
Township *St. Genevieve*
City *St. Genevieve* (No.)

Registration District No. *780*
Primary Registration District No. *4446*

File No. *12206*
Registered No. *15*
St. Ward)

2. FULL NAME

Frances E Beve

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Thomas Beve</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 25 1866</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>69</i>	<i>2</i>	<i>10</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>Call Missouri</i>				
FATHER	13. NAME <i>Valentine Giesler</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>DuBach Germany</i>			
MOTHER	15. MAIDEN NAME <i>Mary Elizabeth Giesler</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>Mrs. Lawrence Highfel 201 E. 1st St. St. Genevieve Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Genevieve</i> DATE <i>Dec 7 '36</i>				
19. UNDERTAKER (ADDRESS) <i>Geo. C. Basko St. Genevieve Mo</i>				
20. FILED <i>Mar 6 1936</i> <i>T.W. Douglas</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5 1936*22. I HEREBY CERTIFY, That I attended deceased from *Feb 20 1936*, to *March 5 1936*I last saw h. e. p. alive on *March 5 1936*. Death is said to have occurred on the date stated above, at *1045th*.

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

*Essential Hypertension*Date of onset
2

Other contributory causes of importance:

Acute or Chronic Myocarditis *2/25/36*Name of operation *None* Date ofWhat test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) *Al. Lanning*, M. D.(Address) *St. Genevieve 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.

