

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.

MAY 27 1936

16679

1. PLACE OF DEATH

County St. Francois Registration District No. 175
Township Peery Primary Registration District No. 6020-A
City Bonne Terre (No. Bonne Terre Hospital) St. _____ Ward _____

2. FULL NAME

Charles P. Beiser
(a) Residence, No. Farmington, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Married

5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF Katherine Burlaw Beiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>9</u>	<u>5</u>	

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

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) Genevive Co. Mo.

13. NAME Antoine Beiser

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

15. MAIDEN NAME Mary Anne Stults

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

17. INFORMANT Frank Beiser
(ADDRESS) R.F.D.#3 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 3 1936

19. UNDERTAKER Widert and Co's
(ADDRESS) Farmington Mo.

20. FILED April 1, 1936 N.W. Stawson
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1936 to April 1 1936
I last saw him alive on Apr 1 1936 Death is said to have occurred on the date stated above, at 14 m.
The principal cause of death and related causes of importance were as follows:
Cholecyphitis
Harm. phymia
Date of onset _____

Other contributory causes of importance:
General Arterio Sclerosis

Name of operation Clinical 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? _____
If so, specify _____
(Signed) R. A. Liberry M. D.
(Address) Farmington Mo.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third section provides a comprehensive overview of the results obtained from the analysis. It highlights key trends and patterns that have emerged over the period. These findings are crucial for understanding the overall performance and identifying areas for improvement.

Finally, the document concludes with a series of recommendations based on the analysis. These suggestions are designed to help the organization optimize its operations and achieve its long-term goals.

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

Do not use this space.

1. PLACE OF DEATH

County San Francois

Township Bonne Terre

City Bonne Terre

Registration District No. 778-

Primary Registration District No. 6020A

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Chas B. Beiser

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

34

9

5

OCCUPATION

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

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)

13. NAME

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

15. MAIDEN NAME

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED July 6 1936

N. W. Hawkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Cholecystitis
Hemiplegia
Cerebral hemorrhage.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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) R. Appleberry M. D.

(Address) Farmington, Mo

SUPPLEMENT

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.

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REPRODUCED