

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

Do not use this space.

JUL 21 1936

26505

1. PLACE OF DEATH
 County Jackson Registration District No. 397
 Township Law Primary Registration District No. 1002
 City Kansas City, Mo. (No. 4876 E 18 Terrace) St. _____ Ward _____

2. FULL NAME Franklin P. Beamon
 (a) Residence, No. 4876 East 18 Terrace 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1847
 7. AGE YEARS 89 MONTHS 11 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

13. NAME Melford Carter Beamon

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

15. MAIDEN NAME Marion White

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

17. INFORMANT (ADDRESS) wife Emily Beamon

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. moriah DATE July 7 36

19. UNDERTAKER (ADDRESS) BENJAMIN FURBER, HOME, INC

20. FILED 7-7 1936 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 36
 22. I HEREBY CERTIFY that I attended deceased from July 1 36 to July 5 36
 last saw him alive on July 15 36 Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 7/1/36

Chronic Myocarditis 930

Other contributory causes of importance: Arterio Sclerosis 6-4-36

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? _____
 If so, specify _____

(Signed) M. P. Ferster, M. D.
 (Address) 1529 - Linden Ave.

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.

