

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

Do not use this space.

DEC 3 1936

34969

**1. PLACE OF DEATH**

County Maine  
 Township Jackson  
 City (No. ....) St. .... Ward)

Registration District No. 542  
 Primary Registration District No. 5731

File No. 43  
 Registered No. 3 7

**2. FULL NAME**

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29 1933</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>11</u>
		<u>13</u>
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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12 1936

22. HEREBY CERTIFY, That I attended deceased from Sept 12 1936 to 9/12 1936

I last saw him alive on in Sept. 12 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute Enteritis 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) N. J. ..., M. D.  
 (Address) ...

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine Co. 701</u>
	13. NAME <u>Lawrence Beukema</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine Co. 700</u>
	15. MAIDEN NAME <u>Anna Steiner</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine Co. 700</u>
	17. INFORMANT <u>Anna Steiner</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	DATE
<u>Argyle Mo</u>	<u>Sept 14</u> 19 <u>36</u>
19. UNDERTAKER <u>Carl ...</u>	
(ADDRESS) <u>...</u>	
20. FILED <u>10/21/</u> 19 <u>36</u> <u>Young MD End</u> Registrar.	

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.

WHICH IS RESERVED FOR BINDING

FORM-11-24-33

