

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

Do not use this space.

40805

1. PLACE OF DEATH

County Camden Registration District No. 230 File No. _____
 Township North View Primary Registration District No. 5213 Registered No. _____
 City Fanning Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Fanning Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. F. Beamer</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20, 1887</u>				
7. AGE	YEARS <u>49</u>	MONTHS	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Handwritten</u>			
	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) <u>Camden County, Mo.</u>				
FATHER	13. NAME <u>H. C. Freshers</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>			
MOTHER	15. MAIDEN NAME <u>Virginia unspecified</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>			
17. INFORMANT <u>E. F. Beamer</u> (ADDRESS) <u>Fanning Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>11-16</u> 19 <u>36</u>				
19. UNDERTAKER (ADDRESS) <u>L. J. ...</u>				
20. FILED <u>Dec 2 1936</u> <u>W. G. A. ...</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1936

22. I HEREBY CERTIFY, That I attended deceased from October 25 1936 to Nov 14 1936
 I last saw h. alive on Nov 14 1936 Death is said to have occurred on the date stated above, at 5:29 PM
 The principal cause of death and related causes of importance were as follows:
Myo-Carditis Acute Date of onset 10-18-36
Chronic Psychitis 2 yrs

Other contributory causes of importance:
Chronic Psychitis

Name of operation _____ Date of _____
 What test confirmed diagnosis Chronic 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) William H. Brews, M. D.
 (Address) St James, 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.

NOV 29 1936

