

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

Do not use this space.

32070

1. PLACE OF DEATH

42 County Franklin Registration District No. 352
Township August Primary Registration District No. 1493 File No. _____
City _____ (No. _____) St. _____ Registered No. 13 Ward _____

2. FULL NAME

Wm Beechinghauser
(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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>27 March - 1855</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>6</u>
		DAYS
		<u>13</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>Farmer</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>Germany, 10</u>		
FATHER	13. NAME <u>Dominic Beechinghauser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Honoric, Germany</u>	
MOTHER	15. MAIDEN NAME <u>Helena Bick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Honoric, Germany</u>	
17. INFORMANT <u>P. Beechinghauser</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Interment Co Oct 13 1932</u>		
19. UNDERTAKER <u>L. L. Gurnat</u> (ADDRESS) <u>Montrose Mo</u>		
20. FILED <u>Oct 12 1932</u> <u>J. M. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1932 to Oct 10 1932
I last saw him alive on Oct 10 1932 Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:
uraemia
Date of onset 1932/32

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Death 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, 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) J. M. Miller M. D.
(Address) Montrose 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 2 3 1932

