

REC'D APR 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

11507
Do not use this space.

1. PLACE OF DEATH

(a) County *Moniteau*Registration District No. *571*(b) Township *Holston*Primary Registration District No. *4335*(c) City *California*

(d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *married Merta Beam*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 21-1874*

7. AGE YEARS <i>64</i>	MONTHS <i>4</i>	DAYS <i>18</i>	IF LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Moniteau Co Mo.*13. NAME *Kan Buran Beam*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*15. MAIDEN NAME *Kathryn Ellis*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*17. INFORMANT (ADDRESS) *Mrs Grace Eastard California mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Burdick Cem* DATE *4/11*, 19*38*19. FUNERAL DIRECTOR (NAME) (ADDRESS) *William F. Friedman California mo.*20. FILED *4-13-1938* *H.R. Pappas* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 9th 1938*22. I HEREBY CERTIFY, That I attended deceased from *one week* 19____, to _____, 19____.I last saw him alive on *Saturday 9th 1938*. Death is said to have occurred on the date stated above, at *10:30 p.m.*

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

Cerebral Hemorrhage

Other contributory causes of importance:

Began in January

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) *L.H. Gray*, M. D.(Address) *California Mo.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

H E Friedman

Licensed Embalmer No.....

2854

P. O. Address.....

California Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.