

STATE OF WYOMING
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Teton
City, Town or Village of 1156
Registered No. 000

Declassify on: 12
Date of Declassification: 000

IF death occurred in a hospital or institution, give the NAME and number of ward and number.

NAME OF DECEASED John W. Beaber

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29 1916
I HEREBY CERTIFY THAT I HONESTLY BELIEVE THAT THE CAUSE OF DEATH WAS apoplexy with thrombosis of the brain

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White
DATE OF BIRTH July 1 1857
AGE 64 years, 27 months, 27 days
SINGLE, MARRIED Married
WIDOWED OR DIVORCED

PERSONAL AND STATISTICAL PARTICULARS

RACE White
RELIGION Episcopal
MARRIAGE (State or Country) Pa.
OCCUPATION Stock Owner
NAME OF FATHER

Where contracted? (Duration)
Contributory
Where contracted? (Duration)
(Signature) M. D. Lewis M. D.
(Address) Chicago, Ill.

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(Address) Chicago, Ill.

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Filed July 29 1916 Registrar

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Buffalo, Wyo July 31 1916

REGISTERED

How long at Place of Death? Days

How long at Place of Death? Days

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