UG 21 1928

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

Do not use this space.

23038

File No. .....
Registered No. 842

1. PLACE OF DEATH
County Buchanan
Registration District No. 85
Township .....
Primary Registration District No. 1001
City St. Joseph, (No. 3400 Faraon St. .....Ward)

2. FULL NAME Floyd Herman Beeler,
(a) Residence. No. 3400 Faraon Street 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Beeler,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	6	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Ruric B. Beeler,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Texas,
12. MAIDEN NAME OF MOTHER Emma Brockus,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kansas

14. INFORMANT Ruric B. Beeler
(Address) 3400 Faraon Street.

15. FILED July 10, 1928 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to July 8, 1928, that I last saw ~~him~~ alive on July 8, 1928, and that death occurred, on the date stated above, at 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

23A3

(duration) 10 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) —

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE ~~DEATH~~? — DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) C. E. Bangle, M. D.
July 9, 1928 (Address) 1100 Francis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Fairview Cemetery,	July 10 1928
20. UNDERTAKER	**ADDRESS**
Heaton-Belgole & Bowman for D. M. Kerle	319 S. 10 St. Funeral Home

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.

WHEN FILLED, WITH ORIGINAL INSERTS IS A PERMANENT RECORD