

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

Do not use this space.

39296

1. PLACE OF DEATH
 County Andrew Registration District No. 16
 Township Rochester Primary Registration District No. 5020
 City Helena (No.) St. Ward (.....)

2. FULL NAME Jacob F. Beeler
 (a) Residence (No. Helena ms St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. ✓ mos. ✓ da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 8
 St. Ward (.....)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26 - 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>84</u>	<u>8</u>	<u>16</u>	<u>16</u>	<u>2</u> min.

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

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

10. NAME OF FATHER Charles Beeler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Martha Cutler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

14. INFORMANT Mrs Roy Swedell
 (Address) St. Joseph, Mo

15. FILED Dec 12 1928 Mrs. Bettie Rogers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 5, 1928, to Dec 12, 1928, that I last saw him alive on Dec 11, 1928, and that death occurred, on the date stated above, at 2:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
and valvular disease of
the heart.
 (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED
CONTRIBUTORY
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH POW
 Did an operation precede death. DATE OF POW
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Dr. Allen, M. D.
Dec 12 1928 (Address) Barby mo

*State the DISEASE CAUSING DEATH, or in death 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
Mo. Nova Cemetery, St. Joseph Dec 17 1928

20. UNDERTAKER
Thompson Funeral Home 1208 Francis
St. Joseph

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.

THIS IS A PERMANENT RECORD

21 1929

89

1958-12-42
 1846-3-26
 12-8-16

S-39294