APR 23 1930

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

Do not use this space.

7857

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 404

City St. Joseph, (No. 2509 Sylvanie St. Ward)

2. FULL NAME Melvina D. Beeler,

(a) Residence. No. 2509 Sylvanie St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 44 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)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 5th. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeping,

(b) General nature of industry, business, or establishment in which employed (or employer) At Home,

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Atchison, (STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER Greenfield F. Beeler,

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

12. MAIDEN NAME OF MOTHER Sallie M. Evans,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

14. INFORMANT Miss Lucy M. Beeler (Address) 2509 Sylvanie Street,

15. FILED APR 1 1930 19 John G. Utz REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31. 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to March 31, 1930 that I last saw her alive on March 31, 1930, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92D
13B Myocarditis
71B

and probably longer (duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY) Secondary

anaemia (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 90B

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Thomas Redmond, M.D.

4/2, 1930 (Address) 302 P.S. Bldg.

*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
St. Jo. Memorial Park Cem.	April 2, 1930
20. UNDERTAKER	**ADDRESS**
Heaton-BeGole & Bowman	319 S. 10 St.

General 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.