

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

Do not use this space.

5114

**1. PLACE OF DEATH**

49 County Jefferson Registration District No. 411  
 7 Township St. Louis Primary Registration District No. 2002  
 5 City St. Louis (No. 1407 Broadway) St. Way Ward

**2. FULL NAME**

Arthursel Beeler  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Beeler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1883  
 7. AGE YEARS 49 MONTHS 1 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee. 2  
 13. NAME Robert Beeler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 15. MAIDEN NAME Shelton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record  
 17. INFORMANT (ADDRESS) Anna Beeler  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walton DATE 2-16-32  
 19. UNDERTAKER (ADDRESS) Wright & Co  
 20. FILED 25 17 1932 A. R. Clack Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1932, to Feb 13, 1932  
 I last saw him alive on Feb 13, 1932 - Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance \_\_\_\_\_  
 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 treated to occupation of deceased?  
 If so, specify W.D. Perkowski  
 (Signed) \_\_\_\_\_ (Address) John M O, M. D.

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.

MAR 23 1932

