

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph, Mo. (No. 2614 Mitchell Ave.)

85

Registration District No. 1001
Primary Registration District No.

File No. 15746
Registered No. 468
St. _____ Ward _____

2. FULL NAME Beulah Ray Haeberle

(a) Residence, No. 2614 Mitchell 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 4 14

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

12. BIRTHPLACE (CITY OR TOWN) Montgomery City, Missouri.
(STATE OR COUNTRY)

13. NAME James H. Bentley
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Davis
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

17. INFORMANT J. Bentley Swartz,
(ADDRESS) St. Joseph, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE May 2, 19 33

19. UNDERTAKER Fleeman Funeral Home,
(ADDRESS) St. Joseph, Missouri.

20. FILED 15-3- 19 33 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 19 33

22. I HEREBY CERTIFY That I attended deceased from Apr 29, 1933, to May 1, 1933.
I last saw him alive on May 1, 1933. Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism
Death Cholelithiasis
Date of onset Apr 29

Name of operation Olin Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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 related to occupation of deceased? No
If so, specify _____
(Signed) Franklin D. ..., M. D.
(Address) ...

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 20 1933

