

MAR 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5217

1. PLACE OF DEATH

County Dade
 Township Rock Prairie
 City Rock (No. 1)

Registration District No. 286
 Primary Registration District No. 4143

File No. 97
 Registered No. 37
 St. _____ Ward _____

2. FULL NAME

Silas Beel

(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 <u>M.</u>	4. COLOR OR RACE <u>M.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Beel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1848</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>9</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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) Tennessee
(STATE OR COUNTRY)13. NAME Rev John M. Beel14. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)15. MAIDEN NAME Elizabeth Jane Allen16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY)17. INFORMANT Elizabeth Mayo
(ADDRESS) Quincy Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Spring Creek DATE Feb 22 193619. UNDERTAKER Wheeler Funeral Home
(ADDRESS) Quincy Mo20. FILED Feb 21 1936 O. P. Fairies M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 193622. I HEREBY CERTIFY That I attended deceased from No one attended this 1936I last saw deceased; but I believe death saidto have occurred on the date stated above, at 2:00 a.m.

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

Branchial Anemia Date of onset _____

I swear this to be the cause of death

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 _____, 1936Where 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? _____

If so, specify Oliver P. Fairies M. D.(Signed) Oliver P. Fairies M. D.(Address) Quincy Mo

