

MAR 23 1936

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

Do not use this space.

5266

1. PLACE OF DEATH

County Dekalb
Township Dallas
City (No.)

Registration District No. 263
Primary Registration District No. 5365

File No. 8
Registered No. 4
St. Ward

2. FULL NAME

C. Frank 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Elsie Beeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/22/1865</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>11</u>	DAYS <u>29</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

13. NAME Ambrose Beeler

14. BIRTHPLACE (CITY OR TOWN) K. Y.
(STATE OR COUNTRY)

15. MAIDEN NAME Ester Smith

16. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

17. INFORMANT Marion Beeler
(ADDRESS) Pattonsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Muddy DATE 2/23/36 19

19. UNDERTAKER G. S. Gromer
(ADDRESS) Pattonsburg, Mo.

20. FILED 3/22/36 19 James F. Gerald
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21/36 19

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1936, to 2-21, 1936
I last saw him alive on 1-20, 1936 Death is said to have occurred on the date stated above, at 7-15 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Ch. Glomerular Nephritis Date of onset 1925

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

