MAY 28 1936

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

Do not use this space.

21768

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 133

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Menne S. Beiler

(a) Residence, No. State Hospital #3 St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ? 1858-?

7. AGE: YEARS 78-? MONTHS ? DAYS ? If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna.

FATHER
13. NAME: Eli Beiler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna.

MOTHER
15. MAIDEN NAME: Sarah ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penna.

17. INFORMANT (ADDRESS): Co. Clerk. Cole Co.

18. BURIAL, CREMATION, OR REMOVAL: Hospital Cemet DATE 5-4-1936

19. UNDERTAKER (ADDRESS): Ferry Funeral Home Nevada Mo

20. FILED 5-4 1936 M. Eichinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): between Apr. 23/36 May 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1918, to Apr. 23, 1936

I last saw him alive on Apr. 23/36 ..... 1936. Death is said to have occurred on the date stated above, at ..... m. strayed away Apr. 23/36 - body found May 3/36

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

| | Date of onset |
|---|---|
| Pulmonary tuberculosis | chronic |
| Other contributory causes of importance: Exposure | ? |

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Exposure Date of injury Apr. 23 to Apr. 23, 1936

Where did injury occur? Body found in a near by woods (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. near by woods - in decomposed state - no

Manner of injury external wounds - deceased was

Nature of injury weak + emaciated when wandered away

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) T. T. O'Dell, M. D.

(Address) Nevada, Mo.

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.

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