

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

Do not use this space.

43976

JAN 8 1936

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
Township Fulton Primary Registration District No. 3008  
City Fulton (No. ....) St. .... Ward (.....)

File No. ....  
Registered No. 386

**2. FULL NAME**

C. P. Beelar  
(a) Residence, No. Slater, Mo. St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1881 - OK mo</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>OK</u>	DAYS <u>OK</u>
If LESS than 1 day, ..... hrs. or ..... min.		
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.		
10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Slater, Mo.  
(STATE OR COUNTRY)

13. NAME OK

14. BIRTHPLACE (CITY OR TOWN) OK  
(STATE OR COUNTRY)

15. MAIDEN NAME OK

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

17. INFORMANT Keen's State Hosp.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Slater, Mo. DATE 12-24 1936

19. UNDERTAKER Hill Brothers  
(ADDRESS) Slater, Mo.

20. FILED 12/23 1936 R. N. Crews  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1936  
22. I HEREBY CERTIFY, That I attended deceased from May 8 1936 to Dec 23 1936  
I last saw him alive on Dec 22 1936 Death is said to have occurred on the date stated above, at 1:50 P.M.  
The principal cause of death and related causes of importance were as follows:

Epilepsy  
Cerebral Hemorrhage  
Date of onset

Other contributory causes of importance:  
Cerebral Hemorrhage

Name of operation OK 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?  
If so, specify Richard B. Bridgeman, M. D.  
(Signed) Richard B. Bridgeman, M. D. (Address) Fulton, 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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