

APR 23 1937

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

Do not use this space.

12944

1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 78

Township

Primary Registration District No. 5032Registered No. 668City Sedalia(No. 308 North Prospect St. _____ Ward _____)2. FULL NAME Verena Beyeler(a) Residence, No. 308 N. Pros.

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christian6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1855

7. AGE

YEARS

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.

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) (STATE OR COUNTRY) Switzerland13. NAME Sibestian Wiederkehr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland15. MAIDEN NAME Marie Zurcher16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland17. INFORMANT (ADDRESS) Ida M. Beyeler
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE Mar. 13, 193719. UNDERTAKER (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.20. FILED 3-13-19 37

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Registrar

MEDICAL CERTIFICATE OF DEATH

Mar. 11, 1937

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1937, to Mar 11, 1937I last saw her alive on Mar 9th, 1937 Death is saidto have occurred on the date stated above, at 1:30 P.M.

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

Senile Dementia Date of onset

Other contributory causes of importance:

131
Interstitial Nephritis Chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? Laboratory 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) Bond Bohling M. D.(Address) Sedalia, Mo.

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.

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. _____)

File No. 12944

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Verena Beyeler

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

7

W

Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ live on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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0

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Date of onset

OCCUPATION

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, months, and days) spent in this occupation

Other contributory causes of importance:

Interstitial nephritis
blum

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

13. NAME

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

15. MAIDEN NAME

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

MOTHER FATHER

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

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? _____

If so, specify _____

(Signed) Corah Bohling, M. D.

(Address) Sedalia

20. FILED 3-13 19 37 Jean Slack Registrar

SUPPLEMENTARY

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.

S-12944