MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 15794
Township — Primary Registration District No. 1001 — Registered No. 499
City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME B. D. Beeler
(a) Residence, No. Greencastle Mo Ward. Greencastle Mo
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1869.

7. AGE Est YEARS 68 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. Farmer
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) Greencastle Mo

FATHER
13. NAME Samuel Beeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER
15. MAIDEN NAME Delita Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greencastle Mo DATE 4-26 1937

19. UNDERTAKER (ADDRESS) Glen C. Kent Greencastle Mo

20. FILED Apr 15 1937 H. J. Nottebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1936 to Apr 25 1937
I last saw him alive on Apr 25 1937 Death is said to have occurred on the date stated above, at 2P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/20/43

Other contributory causes of importance: $2 A

Cerebral Arteriosclerosis

Name of operation No Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? N/A 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 N/A
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) [illegible]

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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