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.

JUN 17 1937

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

Do not use this space.

19765

1. PLACE OF DEATH
21 County Chariton — Registration District No. 169 — File No.
Township Mo. — Primary Registration District No. 5249 — Registered No. 23
City ~~Dalton~~ (No. 2 St. Ward)

2. FULL NAME William M. Beeler
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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~~ Emma Beeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26 - 1864

7. AGE: YEARS 72 — MONTHS 5 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.
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) Nelson County Kentucky

FATHER
13. NAME Dorsey Beeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Victoria Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Eldon Madrox Dalton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dalton DATE May 26th 1937

19. UNDERTAKER (ADDRESS) Hyde & Garnett

20. FILED May 24 1937 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 23, 1937
I last saw him alive on May 23, 1937. Death is said to have occurred on the date stated above, at 10:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (3)	5/19/37
Other contributory causes of importance:	
Ischio-rectal abscess	5/7/37
Chronic Nephritis	
Arteriosclerosis	

Name of operation Abscess drained Date of 5/15/37
What test confirmed diagnosis? Symptoms 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? No
If so, specify
(Signed) G. W. Held DO, ~~M.D.~~
(Address) Dalton, Mo.