

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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JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 551  
Township Round House Primary Registration District No. 5744  
City (No. ) St. Ward

File No. 24282  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Floyd Wesley Beville

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Loena Beville</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 14 1874</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>8</u>	DAYS <u>9</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 <u>50</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1937  
22. I HEREBY CERTIFY, That I attended deceased from April 12 1936, to June 22 1937  
I last saw him alive on June 23 1937. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:  
valvular insufficiency  
Progressive  
infectious myocarditis  
from non-sedentary  
Date of onset 1934

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ 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 no  
(Signed) J. L. Coates, D.O. M.D.  
(Address) La Roche, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edina Missouri</u>	13. NAME <u>Ben Beville</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
15. MAIDEN NAME <u>Margaret Devin</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knox Missouri</u>
	17. INFORMANT (ADDRESS) <u>Wesley Beville Ewing</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Asbury</u> DATE <u>June 24 1937</u>	
19. UNDERTAKER (ADDRESS) <u>Thos Ball &amp; Son Ewing, Mo.</u>	
20. FILED <u>6 24 1937</u> <u>J. M. Crishe Registrar</u>	

