

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.

AUG 23 1937

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

Do not use this space.

27158

1. PLACE OF DEATH

County Franklin Registration District No. 294
Township Prairie Primary Registration District No. 5418
City Lansell Mo (No. _____) St. _____ Ward _____

2. FULL NAME

William David Beul
(a) Residence, No. _____ St. _____ Ward Fourteenth
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 | | 7

8. Trade, profession, or particular kind of work done, as splaner, 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) Marie Co. Mo

13. NAME John Beul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marie Co Mo

15. MAIDEN NAME Annie Knaut

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

17. INFORMANT (ADDRESS) L. G. Beul, 712 Jerome St. Maplewood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dixon Mo. DATE July 19 1937

19. UNDERTAKER (ADDRESS) Fred Gilbert Undertaking Co, Dixon Mo

20. FILED July 22 1937 W. D. Duckworth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 17 1937

22. I HEREBY CERTIFY, That I attended deceased from July - 14 1937, to July 17 1937
I last saw him alive on July 17 1937 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
hypertension
arteriosclerosis
Other contributory causes of importance:
Myocardial Infarction

Date of onset
?
?
?

Name of operation Chin 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? no
If so, specify _____
(Signed) W. D. Duckworth, M. D.
(Address) Dr. Dixon Mo

