

REC'D JUL 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANANTownship WASHINGTONCity ST. JOSEPHRegistration District No. 85Primary Registration District No. 1001(No. 918 EDMOND STREET,File No. 21337Registered No. 591

St. _____ Ward _____

2. FULL NAME MATILDA JANE BEELER(a) Residence, No. 918 EDMOND STREET, St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM BEELER6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 5, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>82</u>	<u>7</u>	<u>28</u>	<u>UNK</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAMPBELL COUNTY, TENN.13. NAME GEORGE SNODERLY,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNION COUNTY TENN15. MAIDEN NAME PARLEY WILSON16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAMPBELL COUNTY TENN17. INFORMANT MISS IDA BEELER,
(ADDRESS) 918 EDMOND ST. ST. JOSEPH18. BURIAL, CREMATION, OR REMOVAL PLACE NEW HOPE CEMETERY, DATE JUNE 5, 1938.19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. JOSEPH, MO.20. FILED June 5, 1938 A. J. Westbush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 3, 1938, 1922. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1938, to June 3, 1938I last saw her alive on June 1, 1938. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Cerebral Hemorrhage Date of onset 3-31-38Other contributory causes of importance: Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) J. K. Elliott M. D.(Address) Bole, Jones, St. Joseph, 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.

