

FILED FEB 15 1940

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

3912  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Saline Registration District No. 796  
 (b) Township Marshall Mo Primary Registration District No. 3938  
 (c) City Marshall Mo (d) Street No. Mo State School Registered No. 2  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME  
 (a) Residence, No. 460 Julia May Beeler St.  (If nonresident, give city or town and State)  
St Joseph Mo  
 (Usual place of abode. If no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) 3-4-1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 9 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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) St Joseph Mo

FATHER  
 13. NAME Floyd H Beeler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Lydia Davis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Files

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. State School DATE Feb-2-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. Sweeney  
Marshall Mo

20. FILED 1-2-40 19 40 Mary Kent  
Dep. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-1940

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1935 to 1-1-1940, 1940  
 I last saw her alive on 1-1-1940, 1940. Death is said to have occurred on the date stated above, at 1 p m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculosis Pulmonary  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 22

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 @ J. M. Cornell M. D.  
 (Signed) \_\_\_\_\_ (Address) Marshall 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.





