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

Do not use this space.

23

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township — Primary Registration District No. 3001 — Registered No. 27

City ~~MILLARD~~ Kirksville MO (No. ..... St. ..... Ward)

2. FULL NAME CAROLINE BEECHER

(a) Residence. No. MILLARD MO 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) AUG 26th 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSE KEEPER
(b) General nature of industry, business, or establishment in which employed (or employer) SELF
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WHEELING WEST VIRGINIA

PARENTS

10. NAME OF FATHER EDWARD GRAGG
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) IRELAND
12. MAIDEN NAME OF MOTHER NANCY DOTA
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

14. INFORMANT Dode Beecher
(Address) MILLARD DODE BEECHER MO

15. FILED 3/13, 1929 E. H. Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 23, 1929 that I last saw her alive on Jan 23, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
162 1010 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Senility (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Roy M. Wolf, M. D
, 19 (Address) Kirksville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stuckey Cemetery — DATE OF BURIAL 1-26-28

20. UNDERTAKER Davis & Wilson — ADDRESS Kirksville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1929- 1- 23
1848- 8- 26
80- 4- 27

68
26
27-