

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

Do not use this space.

C 7323

**1. PLACE OF DEATH**

County Monroe  
Township Jackson  
City..... (No.....) St..... Ward)

Registration District No. 582  
Primary Registration District No. 5779

File No.....  
Registered No. 9

**2. FULL NAME**

Harry Lee Beecham

(a) Residence. No..... St..... Ward.....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Negro 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) Apr. 13, 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>17</u>	<u>10</u>	<u>0</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at school  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Louis  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Burley Beecham

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lula Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Burley Beecham  
(Address) Louis, Mo.

15. FILED 2/14 1929 N.C. Payne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 1929

17. I HEREBY CERTIFY That I attended deceased from Summer 9, 1928 to Feb. 12, 1929, that I last saw him alive on Feb. 12, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Tuberculosis, following flu - rapid. 11 mo. a few months (duration) yrs. mos. ds. 23

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

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

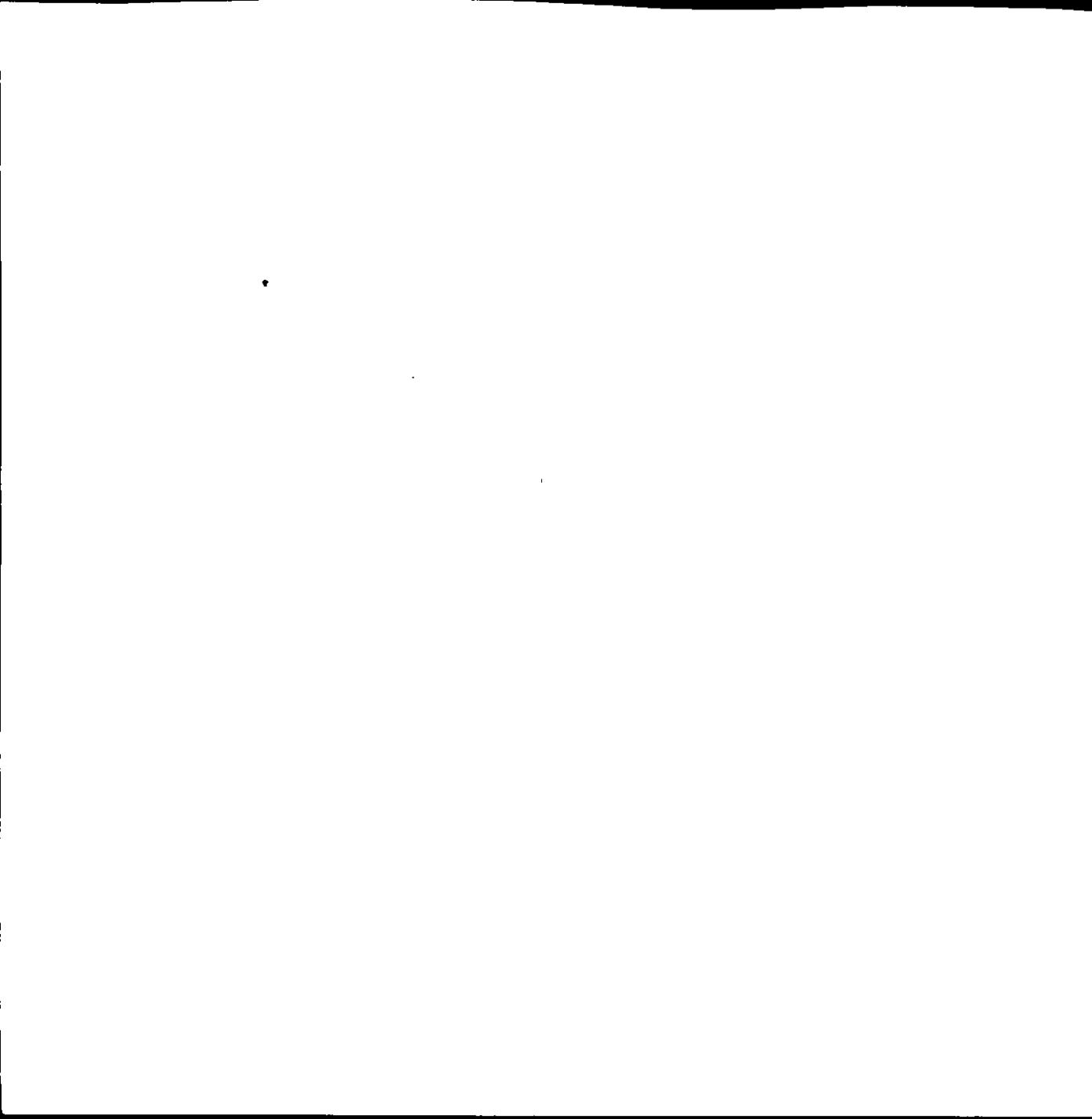
WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) J. F. Plym, M.D.

2/14, 1929 (Address) Louis, 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 Walnut Grove DATE OF BURIAL Feb. 14 1929

20. UNDERTAKER Speed & Slaky ADDRESS Louis, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Monroe Registration District No. 582 File No. ....  
Township Jackson Primary Registration District No. 3-779 Registered No. 9  
City..... (No. ....) St. .... Ward.....

**2. FULL NAME**

Harry Lee Beecham  
(a) Residence. No. .... St. .... Ward.....  
(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 ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) .....

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY)

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY)

14.

INFORMANT .....  
(Address)

15.

FILED 2-14-29 N. C. Payne  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13-29

17. I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19.....  
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis, following  
flu  
Pulmonary  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed)....., M. D.

, 19 (Address)

\*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 .....

DATE OF BURIAL .....

19

20. UNDERTAKER .....

ADDRESS .....

PARENTS

SUPPLEMENTARY

S-7323