FEB 18 1930

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

Do not use this space.

Dr. Rahiman

File No. 829

Registered No. 16

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield, Mo. (No. 446 South St. Ward)

2. FULL NAME Helen Beeby

(a) Residence. No. 446 South 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Los Angeles, (STATE OR COUNTRY) California

PARENTS

10. NAME OF FATHER John A. Beeby

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

12. MAIDEN NAME OF MOTHER Ernestine Sutton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Plains (STATE OR COUNTRY) Missouri

14. INFORMANT John Beeby (Address) Springfield, Mo

15. FILED 1-28, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1930, to Jan 27, 1930, that I last saw her alive on Jan 26th, 1930, and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Valvular Disease of Heart

92B
12A
115B

Not Know (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicemia Contracted by infected tooth (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) H. Rahiman, M. D. 1-28, 1930 (Address) 725 S Fremont

*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: Fordland, Mo. — DATE OF BURIAL: Jan. 29, 1930

20. UNDERTAKER: Almas & Meyer Funeral Home — ADDRESS: Springfield Missouri

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.

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