

# OKLAHOMA STANDARD CERTIFICATE OF DEATH 16467

1 PLACE OF DEATH  
 County Jasper 411 STATE OF OKLAHOMA. Registered No. \_\_\_\_\_  
 Village \_\_\_\_\_ or Township \_\_\_\_\_  
 City Joplin Mo No. St John's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Meh-hun-keh-ake Beaver

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

| PERSONAL AND STATISTICAL PARTICULARS  |                                  |  |      |   |
|---|----------------------------------|--|------|---|
| 3 SEX<br><u>Female</u>  | 4 COLOR OR RACE<br><u>Indian</u> | 5 Single, Married, Widowed, or Divorced (write the word)<br><u>Widowed</u> |      |   |
| 6a If <del>married</del> widowed, or divorced<br><small>HUSBAND of</small><br>(or) WIFE of <u>John Beaver</u> |                                  |  |      |   |
| 6 DATE OF BIRTH (month, day, and year)  |                                  |  |      |   |
| 7 AGE   | Years                            | Months   | Days | If LESS than<br>1 day...hrs.<br>or...min. |
| <u>about 78</u>   |                                  |  |      |   |
| 8 OCCUPATION OF DECEASED  |                                  |  |      |   |
| (a) Trade, profession, or particular kind of work <u>House wife 46</u>  |                                  |  |      |   |
| (b) General nature of industry, business, or establishment in which employed (for employer) <u>53</u>         |                                  |  |      |   |
| (c) Name of employer <u>46</u>  |                                  |  |      |   |
| 9 BIRTHPLACE (city or town)<br><small>(State or county)</small> <u>unknown</u>                                |                                  |  |      |   |
| 10 NAME OF FATHER <u>unknown</u>  |                                  |  |      |   |
| 11 BIRTHPLACE OF FATHER (city or town)<br><small>(State or county)</small> <u>unknown</u>                     |                                  |  |      |   |
| 12 MAIDEN NAME OF MOTHER <u>unknown</u>   |                                  |  |      |   |
| 13 BIRTHPLACE OF MOTHER (city or town)<br><small>(State or county)</small> <u>unknown</u>                     |                                  |  |      |   |
| 14 Informant <u>Reed Wilson</u><br><small>(Address)</small> <u>Baxter Spring</u>                              |                                  |  |      |   |
| 15 Filed <u>6-1</u> 19 <u>30</u> <u>W. O. T.</u> Registrar  |                                  |  |      |   |

| MEDICAL CERTIFICATE OF DEATH  |  |
|---|--|
| 16 DATE OF DEATH (month, day, and year) <u>5-3</u> 19 <u>30</u>   |  |
| 17 I HEREBY CERTIFY, That I attended deceased<br>From <u>April 21</u> , 19 <u>30</u> , to <u>May 3</u> , 19 <u>30</u><br>that I last saw her alive on <u>May 3</u> , 19 <u>30</u> and<br>that death occurred, on the above date, at <u>8:45 P.M.</u><br>The CAUSE OF DEATH* <u>General Carcinomatous liver &amp; intestines</u> |  |
| Duration <u>one</u> yrs. <u>0</u> mos. <u>0</u> ds.   |  |
| CONTRIBUTORY (Secondary) <u>44B</u> <u>W</u>  |  |
| (duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.   |  |
| 18 Where was disease contracted _____   |  |
| Did an operation precede death. <u>No</u> Date of _____   |  |
| Was there an autopsy? <u>No</u>   |  |
| (Signed) <u>A. Mitchell Gregg</u> M. D.   |  |
| (Address) <u>Joplin Mo</u>  |  |
| *Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side)   |  |
| 19 PLACE OF BURIAL, Cremation, or Removal <u>Beaver Cemetery</u>  | DATE OF BURIAL <u>5-6</u> 19 <u>30</u> |
| 20 UNDERTAKER <u>Cooper Und Co</u>  | Address <u>Miami Okla.</u>             |

MARGIN RESERVED FOR BINDING  
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.



**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 Jasper

Registration District No. 411

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 2002

Registered No. \_\_\_\_\_

City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Meh-hun Keh-zke Beaver

(a) Residence. No. near Quaspar St. Okla. 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 F 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Wid (write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 78

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work housewife  
(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 Reed Wilson  
(Address) Box 275 Springs

15. FILED 7/9/30 Adison Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1930

17. I HEREBY CERTIFY That I attended deceased from April 21 1930 to May 3 1930 that I last saw him alive on May 3 1930 and that death occurred, on the date stated above, at 1:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
General Carcinomatous liver & intestines

(duration) one 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? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) A Mitchell Gregg, M.D.  
, 19 (Address) Joplin 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 Beaver Cemetery DATE OF BURIAL 3/6 1930

20. UNDERTAKER Cooper and Co ADDRESS Miami, Okla

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-16461