

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

Do not use this space.

23481

1. PLACE OF DEATH

County Meramec Registration District No. 502 File No. _____
 Township _____ Primary Registration District No. 4305 Registered No. 31
 City Marcelline Memorial Hospital St. _____ Ward _____

2. FULL NAME Adelbert Beecher

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Laella Steves Beecher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 2 8

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

9. BIRTHPLACE (CITY OR TOWN) Black Rock
 (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Hezekiah Beecher

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mrs. Sigmund Steiner
 (Address) Mercedine Mo

15. FILED 7/17, 1930 Ed Tutman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930 to _____, 1930, and that I last saw him alive on July 16, 1930, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

paralysis
131
132 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) reflexes
 (duration) 2 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 no

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Ed Tutman M. D.
 , 19 (Address) Mercedine 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 Springfield DATE OF BURIAL July 18 1930

20. UNDERTAKER Jas M Laughlin ADDRESS Mercedine 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.

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

AUG 26 1930

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