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

Do not use this space.

28898

1. PLACE OF DEATH

County Taney — Registration District No. 859 — File No. 26

Township — Primary Registration District No. 6128 — Registered No.

City Branson (No. ..... St. ..... Ward)

2. FULL NAME James Starks Overbeck

(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.

AUG 26 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Jessie M. Overbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 18-1880

7. AGE: 49 YEARS, 10 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Proprietor of Summer Resort

(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): Platte Co. Mo.

PARENTS

10. NAME OF FATHER: Wm J. Overbeck

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

12. MAIDEN NAME OF MOTHER: Mary Endore

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

14. INFORMANT (Address): Mrs J. S. Overbeck, Branson Mo

15. FILED 8/6, 1930. Pa Thornhill, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 2nd, 1930, to Aug 4th, 1930, that I last saw him alive on Aug 4th, 1930, and that death occurred, on the date stated above, at 10:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Maemia

1390

129C

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY): Dont Know

(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? None

(Signed) Harry T. Evans, M. D

, 19 (Address) Hollister 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. Weston Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pleasant Ridge Cntry — DATE OF BURIAL: 8/6 1930

20. UNDERTAKER: No Whelchel — ADDRESS: Branson

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.