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

Do not use this space.

40261

JAN 21 1931

1. PLACE OF DEATH
County Oregon Co. Registration District No. 631 File No.
Township Big Apple Primary Registration District No. 5833 Registered No. 54
City (No. St. Ward)

2. FULL NAME Velma Beuch
(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: Female
4. COLOR OR RACE: White
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) August 15 1912

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
18	7	14	

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

9. BIRTHPLACE (CITY OR TOWN) Lauton Mo.
(STATE OR COUNTRY) Howell Co.

PARENTS
10. NAME OF FATHER Utah Beuch
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Howell Co Mo.
12. MAIDEN NAME OF MOTHER Dice A. Oney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Howell Co. Mo

14. INFORMANT Utah Beuch Jr
(Address) Koshkonong Mo.

15. FILED Dec 22 1930 W. C. Ashurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-22 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1930 to Dec-21-, 1930 that I last saw her alive on Dec-21-, 1930, and that death occurred, on the date stated above, at 7-A-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23H
(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) J. Frank Gullec, M. D
, 19 (Address) Koshkonong 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: Hatfield Burial Ground
DATE OF BURIAL: Dec 22 1930

20. UNDERTAKER: Neighbors
ADDRESS: Koshkonong 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.