

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

Do not use this space.

*A. Beach*  
File No. **13833**

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2901  
City Springfield (No. 1934) Merideth

Registered No. **310**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1930 Merideth, 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-1931

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

22. I HEREBY CERTIFY, That I attended deceased from 4-6-1931, to 4-17-1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17-1905

I last saw h. or alive on 4-16-1931. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 29

to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. infants  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Tuberculous meningitis Date of onset 3-30-31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Other contributory causes of importance: 2. A

13. NAME Ralph deyrus

*[Handwritten signature]*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Sp. fluid exam Was there an autopsy? no

15. MAIDEN NAME Beckie Hutchins

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Ralph deyrus

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo

19. UNDERTAKER (ADDRESS) W. H. Johnson

20. FILED 4-20-1931 For Sharp Registrar.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Arthur Busch, M. D.

(Address) Springfield, 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.

MAY 23 1931

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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