

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

Do not use this space.

22444

1. PLACE OF DEATH

County Polk Registration District No. 707
 Township Wishart Primary Registration District No. 5936a
 City Wishart (No.) St. Ward (No.)

File No.
 Registered No. 10

2. FULL NAME Russell Mackey Beech

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9 - 1918</u>		
7. AGE <u>13</u> YEARS	<u>4</u> MONTHS	<u>24</u> DAYS
If LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lived with Parents

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Mohawk, Polk Co., Mo.

FATHER

13. NAME Ralph Beech

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Park Co., Mo.

MOTHER

15. MAIDEN NAME Elsie Mackey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Wishart, Mo.

17. INFORMANT (ADDRESS) P. L. Porter, Wishart - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morningside DATE June 5, 1931

19. UNDERTAKER (ADDRESS) St. Edward & Edwin, Salinas, Mo.

20. FILED June 9, 1931 Mrs. Nellie M. Saylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from call to see Grand at home 1931
 I last saw him live on June 3, 1931 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Drowning
falling 185
85

Other contributory causes of importance:
185

Date of onset 6-2-31
7-10-27
11

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? fall Date of injury June 3, 1931

Where did injury occur? Park Co. Mo.
 (Specify city or town, county, and State)

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

Manner of injury falling

Nature of injury

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

(Signed) W. H. ... M. D.
 (Address) Wishart, Mo.

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

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.

JUL 28 1931

