

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.

APR 26 1932

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

Do not use this space.

8153

**1. PLACE OF DEATH**

County Greene Registration District No. 330  
 Township Trenton Primary Registration District No. 3017  
 City Trenton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Phillip P. Beecher

(a) Residence, No. 65 Haliberton 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1861

7. AGE YEARS 70 MONTHS 6 DAYS 12 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. R. 2 & P

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) Weston Mo. 1

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 21

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs D. F. Warren  
 (ADDRESS) Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE odd fellow DATE Mar 5 1932

19. UNDERTAKER Wagon Funeral Home  
 (ADDRESS) Trenton Mo

20. FILED 7 March 1932 E. A. Duffy  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-2-32, 1932, to 3-3-32, 1932

I last saw him alive on 3-2, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

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

Base fracture of skull from being struck by Automobile

Other contributory causes of importance:

NO ROOM

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

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

Accident, suicide, or homicide acc Date of injury 3-2, 1932  
 Where did injury occur? 3-2-32 Trenton Mo  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Automobile struck him while he was crossing street  
 Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_  
 (Signed) Dr. Raab Coroner, M. D.  
 (Address) Trenton Mo

