

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.

JAN 9 1933

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

Do not use this space

*Orvil James*  
**35369**

1. PLACE OF DEATH  
 39 County St. Louis Registration District No. 318  
 3 Township Springfield Primary Registration District No. 2901  
 5 City Springfield (No. Springfield Hospital St. 757 Ward)

2. FULL NAME George Beecher  
 (a) Residence, No. 721 1/2 So. Newbern Ward. (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 OF FACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (or) WIFE OF Emily Beecher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 - 1875

7. AGE YEARS MONTHS DAYS & IF LESS than 1 day, hrs. or min.  
57 9 16

8. Trade, profession, or occupation, or kind of work done, as carpenter, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year) Feb 1 11. Total time (years) spent in this occupation 1

MOTHER FATHER  
 13. NAME Abraham Beecher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo  
 15. MAIDEN NAME Wheeler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT George Beecher  
 (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 1/7/33

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED 1-7-1933 Ralph W. Langston Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 1, 1932 to Nov 6, 1932

I last saw him alive on Nov 5, 1932. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Acute Myocardial Infarction  
130  
130  
130  
 Other contributory causes of importance: Prostate

Date of onset Nov 1932

Name of operation acute myocardial infarction Date of 11/7/32

What test confirmed diagnosis? 130 Was there an autopsy? No

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. \_\_\_\_\_

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

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Orvil James M. D.  
 (Address) Springfield Mo

