

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Franklin's
City Osborne (No. 204 Valley View)

Registration District No. 389
Primary Registration District No. 3002

File No. 35763
Registered No. 4271
St. _____ Ward _____

2. FULL NAME Beatrice Holland

(a) Residence, No. 2119 E. 16th Stn 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>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>W</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>234</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamburg, Tex</u>		
13. NAME <u>Ben Eckles</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
15. MAIDEN NAME <u>Julia Brooks</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
17. INFORMANT (ADDRESS) <u>Helia Bell</u> <u>1517 E. 17th Stn.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cemetery</u> DATE <u>Mar 15th</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Thomson & Greenstreet</u> <u>2119 E. 15th Stn. Osb. Mo.</u>		
20. FILED <u>Nov. 14</u> 19 <u>32</u> <u>3rd M. Osb. Mo.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15-1932 to 11-14-1932
I last saw him alive on 11-14-1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
48
36
1190 48 10

Other contributory causes of importance:
Subacute gastritis
Septicemia

Name of operation none Date of _____
What test confirmed diagnosis? Lab. 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? _____
If so, specify _____
(Signed) L. V. Miller, M. D.
(Address) 911 New Centre Bldg

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.

