

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.

NOV 10 1933

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

Do not use this space.

32737

1. PLACE OF DEATH
33 County Linn Registration District No. 311
3 Township Linn Primary Registration District No. 4187
1 City Linn (No. _____ St. _____ Ward _____)

2. FULL NAME Miss Rachel Beechler
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED Widow of (OR) WIFE OF Harry Beechler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1862

7. AGE YEARS 71 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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 ✓

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

13. NAME Snider

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

15. MAIDEN NAME Snider

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

17. INFORMANT J. H. Leggins (ADDRESS) Linn Mo

18. BURIAL, CREMATION, OR REMOVAL buried PLACE Linn DATE 10/3 1933

19. UNDERTAKER Wm. A. Phillips (ADDRESS) Linn Mo

20. FILED 10/2 1933 Wm. C. Williamson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1933, to Sept 30 1933. I last saw him alive on Sept 30 1933. Death is said to have occurred on the date stated above, at 7:30 P.M. The principal cause of death and related causes of importance were as follows:
Endocarditis (chronic)
collapse & Deafness

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) J. H. Leggins A.D.C.
(Address) Linn Mo

Gay