

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

Do not use this space.

36920

1. PLACE OF DEATH

County *Jasper*
Township *Attena*
City *Joplin*

Registration District No. *411*
Primary Registration District No. *2002*
(No. *Freeman Hospital*)

File No. _____
Registered No. _____
St. _____ Ward _____

FULL NAME *Rebecca Beery*

(a) Residence, No. *1618 Main* St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *0* yrs. *4* mos. *13* ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF *A. J. Beery*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 11, 1847*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 1 17

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) *Ohio*

MOTHER FATHER 13. NAME *Adam Snake*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT *Mrs. J. W. Esteg*
(ADDRESS) *1618 Main St., Joplin, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Spring Valley Cemetery* DATE *Nov. 29, 1933*

19. UNDERTAKER *Lanpheer Mortuary*
(ADDRESS) *Joplin, Missouri*

20. FILED *11-28-33* *Red J. James*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 28, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *11/27, 1933* to *11/28, 1933*

I last saw her alive on *11/27, 1933*. Death is said to have occurred on the date stated above, at *5:25A.*

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

Myocarditis with Cardiac dilatation

Other contributory causes of importance: *Old age*

Name of operation *None* Date of _____

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? _____ 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) *A. H. Miller*, M. D.

(Address) *Joplin, 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.

5279
JAN 4 1934

2
2
2

