

MAR 24 1934

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

Do not use this space. *B*
674-2

1. PLACE OF DEATH
 County Monkline Registration District No. 282
 Township _____ Primary Registration District No. 4166
 City Campbell (No. _____) St. _____ Ward _____

2. FULL NAME Fanny Beechem
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Beechem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 5 3

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

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) Mo.

FATHER
 13. NAME D. F. Pallock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Sarah J. King
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Mother Sarah J. Pallock

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Woodlawn DATE 1/4 1933

19. UNDERTAKER (ADDRESS) Lindsey Son Campbell

20. FILED 1/4 1934 Benjamin D. Fogarty Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1934, 1934.
 I last saw him alive on _____, 1934. Death is said to have occurred on the date stated above, at 1.0 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach Date of onset _____

Other contributory causes of importance: _____

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 _____, 1934
 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) John L. Brown M. D.
 (Address) Campbell base 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.

