

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

Do not use this space.

AUG 24 1937

27497

1. PLACE OF DEATH

County Jasper Registration District No. 4<sup>11</sup>  
 Township Joplin Primary Registration District No. 2007  
 City Joplin (No. 10th & Main) St. W Ward

2. FULL NAME

(a) Residence, No. 20th & Main (5<sup>th</sup>) 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Silkie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 11 1887

7. AGE YEARS 35 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

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

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

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) Cass Mo

13. NAME Wm C Beech

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

15. MAIDEN NAME Amanda Bloom

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

17. INFORMANT (ADDRESS) Joplin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Joplin Mo 7-20-37

19. UNDERTAKER (ADDRESS) Joplin Mo

20. FILED 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 - 1937

22. I HEREBY CERTIFY That I attended deceased from July 18 1937 to July 18 1937

last saw him alive on July 18 1937 Death is said

to have occurred on the date stated above, and

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

Chronic Infectious hepatitis  
hepatitis

Other contributory causes of importance: 131

Name of operation none Date of

What test confirmed diagnosis? Zeh Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:

accident, suicide, or homicide? no Date of injury

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 E

Nature of injury E

Was disease or injury in any way related to occupation of deceased? no

(Signed) Wm C Beech, M. D.

(Address) Joplin, Mo

MARGIN RESERVED FOR BINDING

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.

*Cronk*

*22-1*

