

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

Do not use this space.

Dr. Robinson
39310

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 200
5 City Springfield, Mo. (No. Mary E. Wilson Home St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Deleu Beebe Ward _____
(Usual place of abode) Mary E. Wilson Home

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. A. Beebe Dec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. app 95 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Wicomico 2

13. NAME John A. Acker

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

15. MAIDEN NAME Mary Bennister

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

17. INFORMANT (ADDRESS) Dr. John A. Beebe
Sp. Guardian Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE Jan. 1 - 1932

19. UNDERTAKER (ADDRESS) Elma Johnson, Home
Springfield, Mo.

20. FILED 12-30-32 1932 Ralph W. Langston Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1932 to Dec 30 1932. I last saw her alive on Dec 30 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

do not know date of onset I think know

Other contributory causes of importance: Strenuous work

936
1323 Security BC

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? 1 Date of injury _____, 1932

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) W. J. Calverley, M. D.
R. W. Langston

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.

JAN 23 1932

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

