

MAR 24 1934

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

Do not use this space.

4575

14

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 14

Township Greene

Primary Registration District No. 2001

Registered No. 14

City Springfield, Mo. (No. St. John Hospital)

St. Ward

2. FULL NAME Minnie Estelle Beech

(a) Residence, No. Reed Springs, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rev. C. E. Beech</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 8 1896</u>				
7. AGE	YEARS <u>37</u>	MONTHS <u>3</u>	DAYS <u>0</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marysville Tenn
(STATE OR COUNTRY)

13. NAME Charles Walker

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

15. MAIDEN NAME unknown

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

17. INFORMANT Rev. C. E. Beech
(ADDRESS) Reed Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reed Springs DATE Feb 9 1934

19. UNDERTAKER W. B. Robinson
(ADDRESS) Springfield, Mo.

20. FILED Feb 9 1934
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1932, to 2-8, 1934.

I last saw her alive on 2-8, 1934. Death is said to have occurred on the date stated above, at 8⁰⁰ a.m.

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

Shock, post operative following hysterectomy
54
39
132
Other contributory causes of importance:
Supra-tarsal insufficiency

Date of onset

Name of operation Hysterectomy Date of 2-8-34

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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

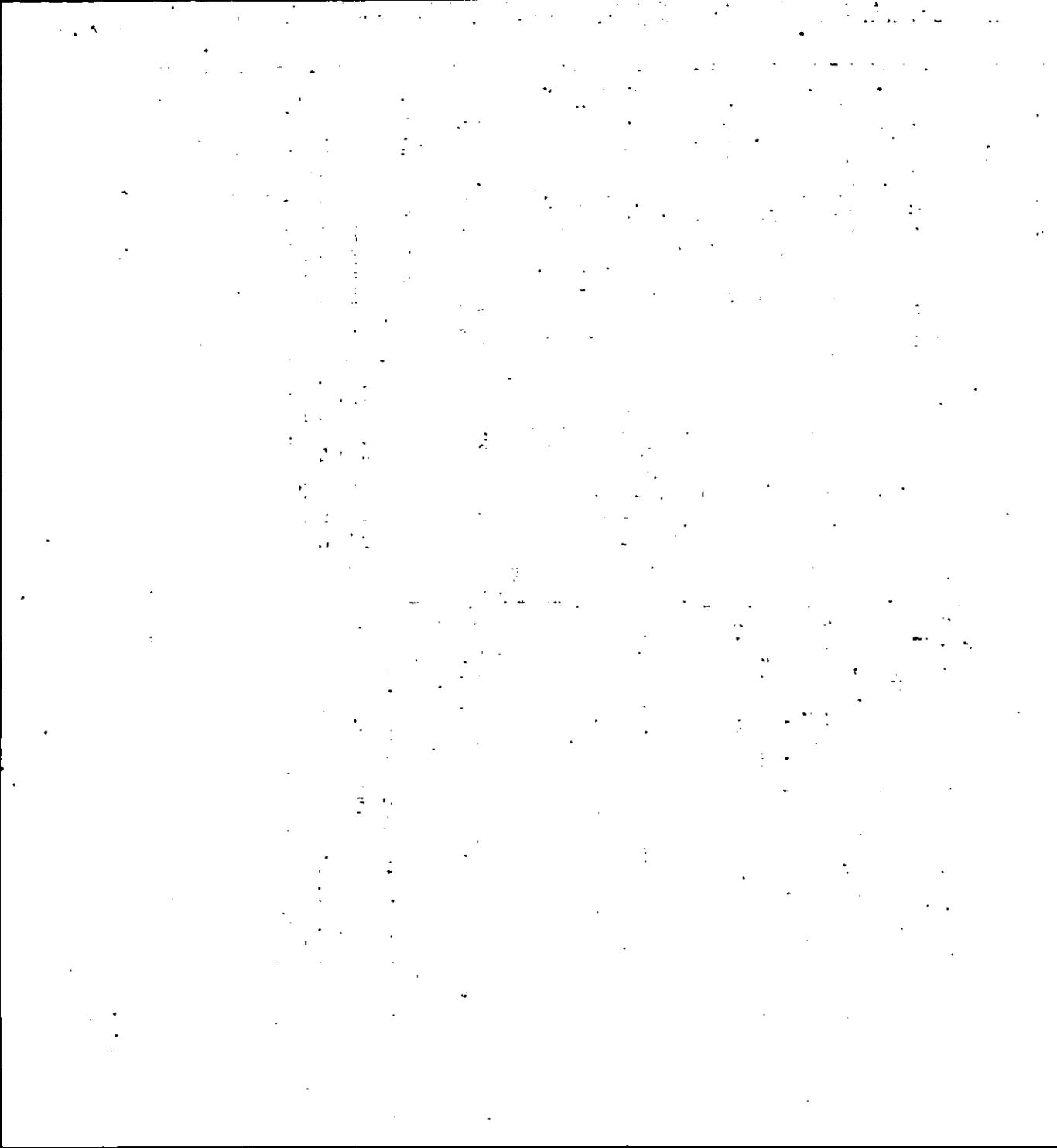
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph S. James, M. D.
(Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 14

City Springfield (No. St. John Hosp)

St. _____ Ward) _____

2. FULL NAME

Minnie Estelle Beech

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 7 8 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. C. E. Beech

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1896

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 3 0

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Shock post-operative following hysterectomy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Tenn

Date of onset _____

13. NAME Felix Walker

Other contributory causes of importance: Supra Renal insufficiency for degenerative fibroid

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

Name of operation Hysterectomy Date of 2 7 8 34

15. MAIDEN NAME Unknown

What test confirmed diagnosis? Acetoph Was there an autopsy? yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT Rev. C. E. Beech

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Springs DATE Feb 9 1934

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER J. H. Johnson

Manner of injury _____

(ADDRESS) Springfield Mo

Nature of injury _____

20. FILED _____ 19. Shueler Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Joseph D. Jones, M. D.

(Signed) _____ (Address) Springfield Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
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.

SUPPLEMENTARY

S-4575