

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

PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

or Village \_\_\_\_\_

City Kansas City (NO. 710 Olive St. 7 Ward)

Registration District No. \_\_\_\_\_

File No. 30707

Primary Registration District No. \_\_\_\_\_

Registered No. 3282

FULL NAME Archib Clifford Beachem

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE  MARRIED  WIDOWED  OR DIVORCED  married  
(Write the word)

DATE OF DEATH Oct 10, 1910  
(Month) (Day) (Year)

DATE OF BIRTH Aug 2, 1876  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from October 8, 1910, to Oct. 10, 1910, that I last saw him alive on Oct. 10, 1910, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH\* was as follows:

AGE 43 yrs. 2 mos. 8 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

Croupous pneumonia and acute ulceration tonsillitis  
108

OCCUPATION (a) Trade, profession, or particular kind of work Brick mason  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

115 H (Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

BIRTHPLACE (City or town, State or foreign country) Ill

Contributory cardiac failure. (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Wm H Beachem

(Signed) Max Goodman M. D. 10/11 1910 (Address) 30 1/2 Century Bldg

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

MAIDEN NAME OF MOTHER Ellen Holcomb

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCES) At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs A C Beachem

Where was disease contracted if not at place of death? Former or usual residence \_\_\_\_\_

(ADDRESS) 710 Olive

PLACE OF BURIAL OR REMOVAL Donnath Pl DATE OF BURIAL Oct 15, 1910

Filed OCT 13 1910 Ernest Davis REGISTRAR

UNDERTAKER J Wagner ADDRESS 1409 Grand

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.

THIS IS A PERMANENT RECORD

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired, 6 yrs.). For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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.

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City Kansas City (NO. 710 Olive St. 7 Ward)

Registration District No. \_\_\_\_\_

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Primary Registration District No. \_\_\_\_\_

Registered No. 3282

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Richard Clifford Bechem

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED M  
(Write the word)

DATE OF DEATH Oct 10, 1910  
(Month) (Day) (Year)

DATE OF BIRTH Aug 2, 1876  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 9, 1910, to Oct 10, 1910, that I last saw him alive on Oct 10, 1910, and that death occurred, on the date stated above, at 08 P.M.

AGE 43 yrs. 2 mos. 8 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Croupous Pneumonia  
and acute ulcerative  
colitis  
(Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

OCCUPATION (a) Trade, profession, or particular kind of work Brick mason  
(b) General nature of industry, business, or establishment in which employed (or employer) 108 115 P.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) Ill

NAME OF FATHER Wm H Bechem

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

MAIDEN NAME OF MOTHER Ellen Halcomb

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

(Signed) Max Goldman M. D.  
1911, 1910 (Address) 302 Century

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs A Bechem

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

(ADDRESS) 710 Olive

PLACE OF BURIAL OR REMOVAL Monmouth Ill DATE OF BURIAL Oct 15, 1910

Filed Oct 12, 1910 Edw Davis REGISTRAR

UNDERTAKER JW Wagner ADDRESS 1409 Grand

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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30707 Supp  
10108



*John W. Wagner*

FUNERAL DIRECTOR

1409 GRAND AVENUE

KANSAS CITY, MO.

BELL PHONE 99 GRAND  
HOME - 399 MAIN

AFFIDAVIT PROOF OF AGE.

STATE OF MISSOURI.)

SS.

COUNTY OF JACKSON.)

I Mrs Mary E. Bechem ~~Wagner~~ *Jagoe* of Kansas City Mo.

IN THE SAID COUNTY AND THE SAID STATE AFORESAID BEING DULY SWORN, ON

OATH DEPOSED AND SAYS THAT SHE IS THE Mother OF Archibald  
(relationship)

Bechem LATE OF Kansas City Mo. NOW DECEASED THAT AFFIANT

KNEW HIM FOR 34 YEARS, AND THAT THE SAID Archibald Bechem

WAS BORN AT Wormouth IN THE STATE & COUNTY OF

Illinois County of Warren ON THE 2 DAY OF August 1876

AND WAS AT THE DATE OF HIS DECEASE, WHICH OCCURRED ON THE 10 DAY OF

October 1910. 34 YEARS 2 MONTHS AND 8 DAYS OLD (AS SHOWN

BY THE FAMILY RECORD OF THE SAID DECEASED, OF WHICH THE FOLLOWING IS A TRUE

AND EXACT COPY, SO FAR AS SAID DECEASED IS CONCERNED.)

AFFIANT FURTHER STATE THAT she IS INFORMED AND BELIEVES THAT SAID DECEASED

WAS A MEMBER OF Ancient Order of United Workmen

Mrs Mary E. Bechem, Jagoe  
SUBSCRIBED AND SWORN TO BEFORE ME THIS 22<sup>nd</sup> DAY

OF November A.D. 1910 AND I CERTIFY THAT AFFIANT

IS PERSONALLY KNOWN TO ME.

My Commission Expires March 3, 1912.

Wm. G. Lambert  
NOTARY PUBLIC JACKSON COUNTY MISSOURI

(SEAL)

FOR P

60602

BRACIN B

11/11/77