

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH
County Shelby
Township Sweet River
Age
Registration District No. 830 File No. 51
Primary Registration District No. 6091 Registered No.
(NO. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Furnish H. Beckley

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male
4 COLOR OR RACE White
5 SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH March 24, 1919
(Month) (Day) (Year)

7 If LESS than 1 day, hrs. or min.?
yrs. 8 mos. 14 ds.

8 OCCUPATION
Trade, profession, or particular kind of work
General nature of industry, business, or establishment in which employed (or employer)

9 PLACE OF BIRTH
City or town, or foreign country Shelby, Mo.

10 NAME OF FATHER Alvin Beckley

11 BIRTHPLACE OF FATHER Bethel, Mo.
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Fattie Jarrell

13 BIRTHPLACE OF MOTHER Warrensburg, Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

14 SIGNATURE OF REGISTRAR Mr. Alvin Beckley
(Address) Shelby, Mo.

15 DATE OF DEATH Dec 8, 1919 Walter Clay
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 8, 1919 to Dec 8, 1919,
that I last saw him alive on Dec 8, 1919,
and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia
107A
112A
(Duration) yrs. mos. 7 ds.

CONTRIBUTORY Tonsillitis
(Secondary) (Duration) yrs. mos. 7 ds.

(Signed) E. M. Moore, D.O.
Dec 9, 1919 (Address) Shelby, Mo.

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

18 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

19 PLACE OF BURIAL OR REMOVAL Shelby, Mo. DATE OF BURIAL Nov 9, 1919

20 UNDERTAKER Eggar Peter ADDRESS Shelby, Mo.

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County
Township
or
Village
or
City
St. Ward

Registration District No. File No.

Primary Registration District No. Registered No.

2 FULL NAME *Marion H. Beckley* (NO) St. Ward
(If death occurred in hospital or infirmary, give its NAME and street and number)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <i>Feb 24 1919</i> (Month) (Day) (Year)	7 AGE <i>8</i> yrs. <i>5</i> mos. <i>14</i> ds. If LESS than 1 day... hrs. or min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <i>Shelburne Vt</i>		
PARENTS		
10 NAME OF FATHER <i>Alvin Beckley</i>	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Vt</i>	
12 MAIDEN NAME OF MOTHER <i>Lottie Beckley</i>	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Vt</i>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *M. H. Beckley*
(Address)

15

Filed 191.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
(Month) 191..... (Day)

17 I HEREBY CERTIFY, that I attended deceased 191..... to 191.....
that I last saw h..... alive on.....
and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

Causes of death

CONTRIBUTORY
(Secondary)

(Signed)

(Duration) yrs. mos.

(Duration) yrs. mos.

(Address) 191.....

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos.

Where was disease contracted if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL 191.....

20 UNDERTAKER

ADDRESS

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

MARGIN RESERVED FOR BINDING

V. S. No. 2. A

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