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.

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

Do not use this space.

38285

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 10946

Township..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Lillian Beck

(a) Residence. No. 1714 Gratiot St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Fem.	Col.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	2	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ala.

PARENTS
10. NAME OF FATHER Lemon Diggs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ala.
12. MAIDEN NAME OF MOTHER Juanita Leonard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ala.

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED DEC -6 1927, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2, 1927

17. I HEREBY CERTIFY, That I attended deceased from 10/29, 1927, to 12/2, 1927, that I last saw her alive on 12/2, 1927, and that death occurred, on the date stated above, at 6:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miliary Tuberculosis
(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Tuberculous Peritonitis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Clinical
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. J. Thorpe, M. D.
12/3, 1927 (Address) City Hospital #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Booker Washington Cem. DATE OF BURIAL 12/7, 1927

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Laclede Ave.