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.

1. PLACE OF DEATH U.S.VET.HOSP.#67,
County Jackson, Registration District No. ..... File No. 27302
Township Kaw Primary Registration District No. ..... Registered No. .....
City Kansas City, Mo. (No. U. S. Veterans Hosp St. ..... Ward)

2. FULL NAME BECKS, William C-1,427,655
(a) Residence. No. Lowry City, Missouri. St., ... Ward. Pvt.Co.E. 5th Dev.Bn.
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 31, 1896.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32	6	10	

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

9. BIRTHPLACE (CITY OR TOWN) Deep Water,
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER John Becks,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond,
(STATE OR COUNTRY) Virginia.
12. MAIDEN NAME OF MOTHER Melissa Birnel,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Illinois.

14. INFORMANT Ransom Becks, Brother,
(Address) Quincy, Illinois.

15. FILED 8-11, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-11-28. 19

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to August 11, 1928 that I last saw him alive on August 10, 1928, and that death occurred, on the date stated above, at 5:23 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, pulmonary, chronic - Advanced (C).

About (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Not known.
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & X-Ray.

(Signed) W.E.CHAMBERS, M.D
(Address) W.E.CHAMBERS, Medical Officer in Chge, U.S.VET.HOSP., Kansas City, Mo.

*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: Lowry City, Mo
DATE OF BURIAL: 8/11 1928

20. UNDERTAKER: The Taylor Funeral Home
ADDRESS