

FEB 2 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1041

1. PLACE OF DEATH

County GentryRegistration District No. 309

File No.

Township HowardPrimary Registration District No. 5434Registered No. 4City Clinton, Mo

No.

St. Ward)

2. FULL NAME

Clarence Wood Beckett

(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

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) May 16, 1913

7. AGE

15

YEARS

MONTHS

7

DAYS

8

If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farming

(b) General nature of industry, business, or establishment in which employed (or employer)

Father

(c) Name of employer

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

Gentry Co Mo

10. NAME OF FATHER

John Henry Beckett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ray Co Mo

12. MAIDEN NAME OF MOTHER

Mary Josephine Rung

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gentry Co Mo

14.

INFORMANT

(Address)

E. E. Hunter
Marionville Mo

15.

May 28, 1929W. F. McLean

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929 to Jan 23, 1929that I last saw him alive on Jan 23, 1929, and thatdeath occurred, on the date stated above, at Clinton, Mo

THE CAUSE OF DEATH WAS AS FOLLOWS:

Insular Diabetes

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Hunter, M. D.128, 1929 (Address) Gentry, 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

DATE OF BURIAL

Low Star MoJan 25, 1929

20. UNDERTAKER

B. F. Kidwell file

K. 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.

