

Dr. Bedford

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

Do not use this space.

5886

21 1929

1. PLACE OF DEATH

County.....Cole.....

Registration District No. 213

Township.....

Primary Registration District No. 3014

City.....Jefferson.....

(No. St. Ward)

File No.....

Registered No. 70

St. Ward)

2. FULL NAME Conrad J. Beck

(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)

Widower

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

Margaret Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-16-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

5

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Railroad Helper

(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) Cole County, Missouri

10. NAME OF FATHER Sebastian Beck

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT August J. Beck

(Address) Jefferson City, Missouri

15. FILED 3.7. 1929 Dr. Bedford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 8 1929, to Feb 13 1929, that I last saw h. alive on Feb 13 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Bedford, M. D.

2-14-1929 (Address) J. C. 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

River View Cemetery

2-15- 1929

20. UNDERTAKER

ADDRESS

Nymore + Gordon

J. C. Mo

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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