

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

Do not use this space.

1. PLACE OF DEATH

County Ballinger
Township Whitewater
City _____ (No. _____)

Registration District No. 70
Primary Registration District No. 5107

File No. 9523
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Will M. Beck

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28th 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
69 7 26

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Geo. Beck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah McCleary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Christina Beck
(Address) Sedgewichville, Mo.

15. FILED 9/25/19 P. S. Staller
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 21st 1929 to Mar 3rd 1929, that I last saw him alive on Mar 24th 1929, and that death occurred, on the date stated above, at 7:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatitis, Cystitis
92.8
125.8
132.8
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) _____ yrs. _____ mos. _____ ds.

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) Edward Crites, M. D.

, 19 _____ (Address) Sedgewichville, Mo.

*State the DISEASE CAUSING DEATH, only 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

Springfield, Ohio Mar 27th 1929

20. UNDERTAKER Crack & Miller ADDRESS Jackson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

199

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2

2

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3167