MAY 23 1929

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

Do not use this space.

14020

1. PLACE OF DEATH
County: Butler
Township: St. Francois
City: Bombaner (No. ..... St. ..... Ward)
Registration District No.: 990
Primary Registration District No.: 5133
File No. .....
Registered No.: 8

2. FULL NAME: Joseph Washington Beck
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 27 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 9, 1855

7. AGE: Years 74 | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Herrich,
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Washington Beck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Joseph Edward Beck
(Address): Bombaner

15. FILED: 4-7, 1929 A. W. Zall, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 6, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1927, to April 6, 1929, that I last saw he alive on March 10, 1928, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1a: 1b:
1c: 97 General arteriosclerosis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Interstitial Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? —

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF? —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Lee Harwell, M. D.
4/6/, 1929 (Address) Poplar Bluff 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: Hamtown Cemetery
DATE OF BURIAL: April 7, 1929
20. UNDERTAKER: A. W. Greer
ADDRESS: Poplar Bluff, 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.