

JUN 25 1929

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

Do not use this space.

17704

1. PLACE OF DEATH

County Warren Registration District No. 248
Township Shelton Primary Registration District No. 5345
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Marjorie Lucile 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. 3 ds. 3 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

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

17. I HEREBY CERTIFY, That I attended deceased from May 10 1929 to May 21 1929 that I last saw him alive on May 20 1929 and that death occurred, on the date stated above, at 180 York Ave.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 | 3 | X

Septicemia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer _____

10
10
CONTRIBUTOR (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Floyd Beck

DID AN OPERATION PRECEDE DEATH? No DATE OF _____ WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) M. A. Smith, M. D.

12. MAIDEN NAME OF MOTHER Marjorie Jameson

(Address) May 21, 1929 Gallatin Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Windsor Co. (STATE OR COUNTRY) Vt.

*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.

14. INFORMANT (Address) Floyd Beck Gallatin Mo

19. PLACE OF BURIAL, (NAME OF CEMETERY) Stahlschmidt Cem DATE OF BURIAL May 21 1929

15. FILED _____, 19 _____ REGISTRAR

20. UNDERTAKER Cris Roberson ADDRESS Gallatin Mo

PHYSICIANS should state EXACT STATEMENT OF OCCUPATION is very important. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

IN SENATE
JANUARY 10, 1900

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Daviess Registration District No. 248 File No. _____
 Township Chattahoochee Primary Registration District No. 0343 Registered No. 10
 City Shelbourn (No. _____) St. _____ Ward _____

2. FULL NAME

Marjorie Lucile 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. 3 da. 3 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>S</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21 - 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	<u>3</u>	<u>-</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jameson mo
 (STATE OR COUNTRY) Daviess co

10. NAME OF FATHER Gloyd Beck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jameson mo
 (STATE OR COUNTRY) Daviess co

12. MAIDEN NAME OF MOTHER Morgan Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
 (STATE OR COUNTRY) Wyndol co

14. INFORMANT Gloyd Beck
 (Address) Gallatin mo.

15. FILED May 21 1929 ans. S. S. Surface
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1929

17. I HEREBY CERTIFY That I attended deceased from May 10 1929 to May 21 1929 that I last saw her alive on May 20, 1929 and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Diphtheria
 _____ (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

_____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

by (Signed) M. A. Smith, M. D.

May 21 1929 (Address) Gallatin 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 Crab Orchard cem. DATE OF BURIAL May 21 1929

20. UNDERTAKER Oris Roberson ADDRESS Gallatin 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. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-17704