

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

Do not use this space.

30098

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. Mo. Park Hosp) St. _____ Ward _____

File No. _____
Registered No. 1043
St. _____ Ward _____

2. FULL NAME

Mellie Beck
(a) Residence. No. 1414 No 26 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1851

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>8</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(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 Henry Beck

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

12. MAIDEN NAME OF MOTHER Rebecca Webster

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

14. INFORMANT Mrs. W. N. Nelson
(Address) 1414 No 26 St

15. FILED 9/8 19 29 John G. Webb REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 29 to Sept 6, 19 29 that I last saw him alive on Sept 6, 19 29, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
2:10 AM
131
1098 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fracture of Pelvis -
Chronic Bronchitis (duration) yrs. mos. ds. accident during 7th

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Seneca Kan
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS? X-ray

(Signed) H. J. Thompson M. D.
9/7, 19 29 (Address) St Joseph 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

Versailles Mo DATE OF BURIAL 9/8 19 29

20. UNDERTAKER

J. S. Murray ADDRESS 216 So
1st St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

262

2

