

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

Do not use this space.

4356

1. PLACE OF DEATH

County bedar
Township Box
City Box (No.)

Registration District No. 163
Primary Registration District No. 5228

File No.
Registered No. 72
St. Ward

2. FULL NAME

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Samuel Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-7-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 11 18

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) Ver
(STATE OR COUNTRY)

10. NAME OF FATHER Samuel D Light

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

12. MAIDEN NAME OF MOTHER Margaret Smith

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

14. INFORMANT Lowel Beck
(Address) El Dorado Springs, Mo R 5

15. FILED 2-27-1930 J. W. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-22-, 1930, to 2-26, 1930 that I last saw her alive on 2-26, 1930, and that death occurred, on the date stated above, at 9.20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Labor)

CONTRIBUTORY (SECONDARY) unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH,
DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? auscultation

(Signed) J. W. Johnson, M. D.
726, 1930 (Address) Pippin, 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 Lebeck, Mo

20. UNDERTAKER Living Siders, El Dorado Springs, Mo

DATE OF BURIAL 7/27 1930

ADDRESS

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.

