

17099-1

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

17099-1

M. 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.

NOV 26 1930

1. PLACE OF DEATH  
 County Ripley Registration District No. 250 File No. 10  
 Township Waterford Primary Registration District No. 6275 Registered No. 971  
 City (No. ....) St. .... Ward) .....

2. FULL NAME Thomas Jefferson Beckham  
 (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 23 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Caucasian  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lana Beckham  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 17-1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 1 4  
 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) .....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 22, 1930  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 10:30 P. M.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardio-vascular  
insufficiency (duration) 7 yrs. .... mos. .... da.  
(nephrosian)

CONTRIBUTORY (SECONDARY) (duration) yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Chas. A. Bracker, M. D.

5-23-30 Johnathan (Coroner)  
\*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. (See reverse side for additional space.)

9. BIRTHPLACE (CITY OR TOWN) St. James, Mo. (STATE OR COUNTRY)  
 10. NAME OF FATHER Geo. Beckham  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER .....  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

14. INFORMANT Roy Beckham (Address) Ponder, Mo.  
 15. FILED 7/5-30 E. B. Johnston REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Ridge Church yard DATE OF BURIAL 5-23 1930  
 20. UNDERTAKER Miller friends ADDRESS .....

