

MAR 23 1931

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

Do not use this space.

4670

1. PLACE OF DEATH

County Ruchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Missouri Methodist Hospital St. _____ Ward)

File No. _____
Registered No. 191

2. FULL NAME William Richard Beckwith

(a) Residence No. 1222 No. 2nd street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 23, 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
3 2 25

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) St. Joseph (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Henry Beckwith

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

12. MAIDEN NAME OF MOTHER Ella Grooms

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

14. INFORMANT J.H. Beckwith (Address) 1222 No. 2 St., - St. Joseph Mo.

FILED John R. Bender REGISTRAR

FEB 20 1931

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 18, 1931 that I last saw him alive on Feb 18, 1931, and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eumphysema purulent Left lung
Pneuchidites, fibrous acute

110A (duration) _____ yrs. _____ mos. 6 ds.
CONTRIBUTORY Lobar Pneumonia (SECONDARY)

(duration) _____ yrs. _____ mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) W. Roger Moore M. D.

Feb. 19 1931 (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 DATE OF BURIAL

Ashland Cemetery Feb. 20 1931

20. UNDERTAKER ADDRESS 1802 Union St.
H.O. Sidenfaden

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.

