

24 1931

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

Do not use this space.

4830

1. PLACE OF DEATH  
 County Cass Registration District No. 137 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 4079 Registered No. 1  
 City Hale (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Albert William 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hattie Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31 - 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 3 12 = min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Reading Pa.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph Beck

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

12. MAIDEN NAME OF MOTHER Kennetha Bayer

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

14. INFORMANT John Beck  
 (Address) Demarestopolis Pa.

15. FILED Feb 13 1931 W. H. K... REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1931

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1930, to Feb 12 1931, that I last saw him alive on Feb 13 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of neck of bladder and Prostate gland  
 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY):  
50 (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTORY?  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic  
 (Signed) W. H. K... M. D.

\*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 Kennecott DATE OF BURIAL Feb 14 1931

20. UNDERTAKER W. H. K... ADDRESS Hale 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.

