MAR 25 1931

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

Do not use this space.

6016

1. PLACE OF DEATH
County Jasper — Registration District No. 411 File No.
Township Primary Registration District No. 2 Registered No.
City Joplin St. Johns Hospital St. Ward)

2. FULL NAME Helen Marie Beckham
(a) Residence, No. 2427 Murphy Ave St. Joplin Ward Mo.
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Al. C. Beckham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9. 1910

7. AGE YEARS 20. MONTHS 6. DAYS 2. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

FATHER
13. NAME James Edward Barnard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

MOTHER
15. MAIDEN NAME Ethel Sylvia Leverich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Racine Mo.

17. INFORMANT (ADDRESS) J. E. Barnard Granby Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Granby DATE Feb 13 1931

19. UNDERTAKER (ADDRESS) Jas Hutman Granby Mo

20. FILED 2/13 1931 A. Benson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1931

22. I HEREBY CERTIFY, That I attended deceased from ~~Sept~~ Feb 9 1931 to Feb. 11 1931
I last saw her alive on Feb 11 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus from history	2/8 or 2/9
Source not determined	

Other contributory causes of importance:

Name of operation Spinal tap Date of 2-11-31
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. T. Blanke, M. D.
(Address) Joplin, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.