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

Do not use this space.
13544

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Excelsior Springs, Mo. (No.) U. S. Veterans Hospital St. 3rd Ward)

Registration District No. 198
Primary Registration District No. 3011
File No.
Registered No. 44

2. FULL NAME: BECKWITH, Thomas
(a) Residence, No. U.S.V.H. Excelsior Springs, Mo. St. Ward. 4806 Delmar Blvd.St.Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. 8 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: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 2, 1894
7. AGE: Years 36 Months 5 Days 11 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Hardy Beckwith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Nannie Benson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: Hospital Records
(ADDRESS) U. S. Veterans Hospital, Exc.Spgs Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis, Mo. DATE April 14, 1931
19. UNDERTAKER: Herbert Hope
(ADDRESS) Excelsior Springs Mo
20. FILED 4/14, 1931 Y. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13, 1931
22. I HEREBY CERTIFY, That I attended deceased from February 5, 1931 to April 13, 1931
I last saw him alive on April 13, 1931. Death is said to have occurred on the date stated above, at 1.30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary tuberculosis far advanced, active	

Other contributory causes of importance:
Tuberculosis of intestines

Name of operation: none Date of: none
What test confirmed diagnosis? exam.& obs. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury: x, 19
Where did injury occur? x
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
no
Manner of injury: no
Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? x
If so, specify: none
(Signed) John D. Brooks, M. D.
(Address) John D. Brooks, U.S.V.H. Excelsior Springs, 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.

MAY 2 1 1931

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Clay — Registration District No. 198 — File No.
Township: Fishing River — Primary Registration District No. 3011 — Registered No. 44
City: Excelsior Springs Mo Veterans Hosp St. Ward)

2. FULL NAME: Thomas Beckwith
(a) Residence. No. St., Ward. 4806 Delmar Blvd St Louis Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 8 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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 2-1894
7. AGE: Years 36 — Months 5 — Days 11 — If LESS than 1 day, hrs. or min.
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): farming
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Hardy Beckwith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Minnie Vincent
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
14. INFORMANT: U.S.V. Hosp Records
(Address) Excelsior Springs Mo
15. FILED 4/14 1931 G. D. Craven REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 13 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to April 5, 1931 that I last saw him alive on April 3, 1931 and that death occurred, on the date stated above, at m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Pulmonary Tuberculosis, acute
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Tuberculosis of bowels (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John D. Brooks, M.D.
4/13, 1931 (Address) Ex Spgs. Mo. N.S.V. H

*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: St. Louis Mo — DATE OF BURIAL: 4-14 1931
20. UNDERTAKER: Herbert Hope — ADDRESS: Ex. Spgs Mo

SUPPLEMENTARY

N. B. very 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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