

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.

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

Do not use this space.

33459

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

1 1/2 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

Tom Beckham

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

Feb. 2, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

53

7

2

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Home Keeper

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Wright Co

FATHER

13. NAME

Lafayette Austin

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Wright Co.

MOTHER

15. MAIDEN NAME

Mary

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Perry

17. INFORMANT
(ADDRESS)

Tom Beckham

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Green Mountain 9-11-1931

19. UNDERTAKER
(ADDRESS)Bottom Funeral Home
Mountain Grove Mo

20. FILED

Sept 10 1931

Mabel Bear

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10/ '31. 19

22. I HEREBY CERTIFY, That I attended deceased from
August 7th, 1931 to 9/10/31, 1931

I last saw him alive on Sept 4th, 1931. Death is said

to have occurred on the date stated above, at 1.10 AM.

The principal cause of death and related causes of importance were as follows:

Chronic Brights Disease.

2 Parenchymatous Nephritis)

About 6/1/31

Date of onset

Other contributory causes of importance:

Gall bladder disease

Name of operation

XXX

Date of

What test confirmed diagnosis? Laboratory

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XXX Date of injury XX, 1931

Where did injury occur? XXXX (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

XXXXXXXX

Nature of injury

XXXXXXXX

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

H. G. Frame

M. D.

(Address)

Mountain Grove, Mo.

