

WRITE FULLY, 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.

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

Do not use this space.

37174

1. PLACE OF DEATH

County Clay  
Township Liberty  
City Liberty (No.         )

Registration District No. 201  
Primary Registration District No. 5280

File No.           
Registered No. 99  
St.          Ward         

2. FULL NAME

Edward George Beckman  
(a) Residence, No. 1007 Home St.          Ward.         

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. 0 mos. 9 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
86 6 10

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

12. BIRTHPLACE (CITY OR TOWN) Polina (STATE OR COUNTRY) Wisconsin

FATHER  
13. NAME Unknown

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Paul Rodger Foot Home

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE Nov 9 1931

19. UNDERTAKER (ADDRESS) Heater & Wole's Burial 219 So 10th St

20. FILED 7/10/31 19 Wm H Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 10 1931 to Nov 9 1931

I last saw him alive on Nov 8 1931 Death is said

to have occurred on the date stated above, at 1007 Home

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

Coronary Arteriosclerosis  
HTA  
J. D. W.  
Other contributory causes of importance:

Date of onset

Name of operation          Date of           
What test confirmed diagnosis?          Was there an autopsy?         

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?         

If so, specify           
(Signed) J. D. W., M. D.

(Address)

