

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

Do not use this space.

48

8290

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. 100)

Registration District No. 398  
Primary Registration District No. 3099

File No. 8290  
Registered No. 98

**2. FULL NAME**

(a) Residence. No. 619 W. Lexington St. Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella E. Beck

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1882

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 2 2

9. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Lawyer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

10. BIRTHPLACE (CITY OR TOWN) Booneville (STATE OR COUNTRY) Missouri

11. NAME OF FATHER Peter Beck

12. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) France

13. MAIDEN NAME OF MOTHER Angelina Whitten

14. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Missouri

15. INFORMANT Stella E. Beck (Address) 619 W. Lexington

FILED Mar 14 1932 F. C. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 14 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 5<sup>th</sup> 1932, to Mar 14 1932; that I last saw him alive on Mar 13<sup>th</sup> 1932, and that death occurred, on the date stated above, at 5:30 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cholelithiasis and impacted cholelith in ampulla (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Paralytic ileus post-operative (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED at home (1) IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 7, 1932

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Operative autopsy (Signed) E. D. [unclear] M. D.

\*State the DISEASE CAUSING DEATH, or in death from Violence, state (1) MEANS and NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia, Mo DATE OF BURIAL Mar-16-19

20. UNDERTAKER Marion [unclear] ADDRESS

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.

APR 27 1932

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