

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

Do not use this space.

38081

1. PLACE OF DEATH

105 County Sullivan
5 Township
2 City Milan (No. _____ St. _____ Ward _____)

Registration District No. 852
Primary Registration District No. 4575

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alvessa May Beckett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tin Smith</u>	
	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) (STATE OR COUNTRY) <u>Pattonsburg Mo.</u>		
FATHER	13. NAME <u>John Beckett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boyd County Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Mavites</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boyd County Ky.</u>	
17. INFORMANT <u>Alvessa May Beckett</u> (ADDRESS) <u>Milan Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Oakwood Cem Milan</u> DATE <u>Nov 25 1932</u>		
19. UNDERTAKER <u>C. A. Schoerem</u> (ADDRESS) <u>Milan Mo.</u>		
20. FILED <u>Nov 29 1932</u> <u>Mayme Caffee</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to Nov 23 1932.

I last saw him alive on Nov 23 1932 Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Other contributory causes of importance:
460 460 460

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) J. S. Montgomery, M. D.
(Address) Milan Mo.

Date of death
Nov 23 1932

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.

JAN 5 1933

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