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

Do not use this space.

File No. 40490
Registered No.

1. PLACE OF DEATH
57 County Lincoln
Township Limerick
City Near Hawk Point (No. ..... St. ..... Ward)
Registration District No. 494
Primary Registration District No. 3658

2. FULL NAME Cassie Elizabeth Beck

(a) Residence. No. ..... St., ... Ward.
(Usual place of abode) Editorial Office (If nonresident, give city or town and State)
Length of residence in city or town where death occurred ..... How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

JAN 27 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Evert Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	7	1	

8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY) Near Hawk Point, Mo

PARENTS

10. NAME OF FATHER H. A. Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Silex
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Gertrude Hounsley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln Co
(STATE OR COUNTRY)

14. INFORMANT Evert Beck
(Address) Silex Mo

15. FILED 12/29/1932 Lisa Riddle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932 to Dec 28, 1932 that I last saw her alive on Dec 26, 1932 and that death occurred, on the date stated above, at 3 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza Pneumonia Broncho and Myocarditis

(duration) 11 days

CONTRIBUTORY (SECONDARY) .....
(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? None
(Signed) H. Hendrickson, M. D.
, 19 (Address) Troy Mo

*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	DATE OF BURIAL
Hawk Point Cemetery	Dec 30 1932
20. UNDERTAKER	ADDRESS
Kemper Bros.	Troy Mo

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Lincoln Registration District No. #94
Township Nineveh Primary Registration District No. 0658
File No.
Registered No.
City (No. , St. Ward)

2. FULL NAME Carrie Elizabeth Beck

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	M

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.

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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/29 1932 J. H. Riddle Registrar

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza Stomach Bowels and Intestines	
Other contributory causes of importance: Cancer Colon Cancer Tomatoes	1911 10

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) ..., M. D.
(Address)

N. B.—Every item of information should be carefully ... AGE should be stated EXACTLY. PHYSICIA... ...ould state CAUSE OF DEATH in plain terms, so that it may be ... ...y classified. Exact statement of OCCUPATION is very important.

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

5-40496