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.

3-28-33

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

Do not use this space.

1. PLACE OF DEATH

34 County Douglas Registration District No. 272 File No. 843

Township Boone Primary Registration District No. 5384 Registered No.

City Ava Mo (No. , St. Ward)

2. FULL NAME Leonard Berline Beck

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1835

7. AGE: YEARS 97 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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: Adam Beck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland, Ohio

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

17. INFORMANT (ADDRESS): Jesse Beck Ava Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava Mo DATE 1-4 1933

19. UNDERTAKER (ADDRESS): C. V. Cunningham Ava Mo

20. FILED 3/1 1933 E B Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Jan 2, 1933

I last saw him alive on Jan. 2, 1933. Death is said to have occurred on the date stated above, at 6 a m.

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

Influenza 118 Date of onset Dec 24/32

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? Phys Ex 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? no

If so, specify

(Signed) R. M. Norman, M. D.

(Address) Ava Mo