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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 1651
Township Kaw — Primary Registration District No. 1008 — Registered No. 381
City Kansas City (No. 417 No. Oakly St. Ward)

2. FULL NAME Frank A. Becksr
(a) Residence, No. 417 No Oakly St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 29 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7, 1843

7. AGE: 89 YEARS — MONTHS: 10 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Contractor
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) France

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

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

17. INFORMANT (ADDRESS) Miss Tresa Becksr 417 No. Oakley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Indp. Mo DATE Jan 25 1933

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Jan 24 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 33 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 21st 1933, to Jan 22nd 1933
I last saw him alive on Jan 22, 1933. Death is said to have occurred on the date stated above, at 2:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~	
Bronchopneumonia	
10 Yrs	
10 Yrs	

Other contributory causes of importance: Senility

Name of operation None Date of —
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) E. J. Monahan, M. D.
(Address) 311 Argyle 17 Mo

2 11 Argyle

12-1:30-415