

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

Do not use this space.

6225

1. PLACE OF DEATH  
50 County Jefferson Registration District No. 421 File No. \_\_\_\_\_  
Township Shacklesburg Primary Registration District No. 5575 Registered No. 11  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Ellen Beckman  
(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 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 Joe Beckman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 1882  
7. AGE YEARS 50 MONTHS 11 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Washington Co Mo

FATHER 13. NAME Wm Torrance

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

MOTHER 15. MAIDEN NAME Mary Christopher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

17. INFORMANT Joe Beckman  
(ADDRESS) Herculaneum

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Herculaneum DATE Feb 7 1933

19. UNDERTAKER W. H. F. Barhart,  
(ADDRESS) Capital City Mo

20. FILED 2/6 1933 J. E. Rutledge  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1933  
22. I HEREBY CERTIFY, That I attended deceased from March 2, 1933, to February 5, 1933  
I last saw him alive on February 5, 1933 Death is said to have occurred on the date stated above, at 12 PM.  
The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus  
48  
400  
5913  
Other contributory causes of importance:  
Carcinoma Bladder  
and Intestines

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Amey Gorkit, M. D.  
(Address) Herculaneum

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.

