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.

APR 22 1933

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

Do not use this space. ✓

9922

1. PLACE OF DEATH

County Jackson — Registration District No. 400 — File No.

Township Prairie — Primary Registration District No. 5553B — Registered No. 68

City Little Blue, Mo (No. Jackson County Home (Col) St. Ward)

2. FULL NAME Thomas Beckham

(a) Residence, No. 404 Van Horn. Indep, Mo., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

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

7. AGE: about 60 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.: Day Laborer
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): Denniston, Texas.

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

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

17. INFORMANT (ADDRESS): Alice Beckham (Widow) 404 Van Horn. Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: K C Western Dental College DATE: 3-31-33, 19

19. UNDERTAKER (ADDRESS): Flynn & Greenstreet K.C. Mo.

20. FILED: 3-31-, 1933 William T. Fields, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-20-, 1933, to 3-28-, 1933.

I last saw him alive on 3-28-, 1933. Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
Aortic & Mitral	
Insufficiency	

Other contributory causes of importance: [illegible]

Name of operation: ✓ Date of

What test confirmed diagnosis: Phys. Exam. 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?

If so, specify

(Signed) L. W. Booker, M. D.

(Address) 2200 - Vine St.