

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.

WHITE FERNET, 1000 OF ADING TWICE—THIS IS A PERMANENT RECORD

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

Do not use this space.

33785

1. PLACE OF DEATH

County Montgomery

Registration District No. 590

Township Loutre

Primary Registration District No. 5788

City..... (No.....)

St. Ward)

2. FULL NAME

Henry C. Beckmann,

(a) Residence, No.

McKitttrick, Mo.

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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

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

Lizzie Beckmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17-1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

48

00

17

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)

Montgomery Co

Mo.

FATHER

13. NAME

Charles Beckmann,

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Montgomery Co,

Mo.

MOTHER

15. MAIDEN NAME

Elizabeth Bahr,

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Rhinoland, Mo.

17. INFORMANT
(ADDRESS)

John Beckmann

18. BURIAL, CREMATION, OR REMOVAL

Big Spring, Mo.

DATE 10-6-33

19. UNDERTAKER
(ADDRESS)

Barton Baker,

Americus, Mo.

20. FILED

Oct 5

1933

J. C. Hildegarde

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

174 — 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 4 1933, to Oct 4 1933

I last saw him alive on Oct 4 1933. Death is said

to have occurred on the date stated above, at 11:30 P.M.

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

Myocarditis chronic

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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

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) J. H. Langhelle

(Address)

Hickman Mo

M. D.

