

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

Do not use this space.

JAN 26 1934
54

40566

PLACE OF DEATH

County Lafayette
Township Davis
City Higginsville (No.)

Registration District No. 460
Primary Registration District No. 4274

File No.
Registered No. 75
St. Ward)

2. FULL NAME Leta Wernke Beckman

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? About 70 mos. yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 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 Fred Beckman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-1-1852-3

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81- 11- 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-keeper-
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany-
(STATE OR COUNTRY)

10. NAME OF FATHER Dont Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany-

14. INFORMANT Fred Beckman
(Address) Higginsville. Mo.

15. FILED 12-12-33 Dr. W. A. Braetlein
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-12-1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933 to Dec 12, 1933 that I last saw her alive on Nov 7, 1933, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration

CONTRIBUTORY (SECONDARY) MI
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. A. Braetlein, M. D.

Dec 13, 19 33 (Address) Higginsville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Evangelical. Cemetery DATE OF BURIAL 12-14-1933
Higginsville. Mo.

20. UNDERTAKER Hoefler & Meinershagen ADDRESS H-ville. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

