

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.

42288-13
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File No. _____
Registered No. 1 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Shelby
Township Beulah
City Beulah (No. _____)

Registration District No. 526
Primary Registration District No. 6087

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry W. Beckley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28-1873

7. AGE YEARS 60 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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) Shelby Co., Mo.

13. NAME J. S. Buerckhardt

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

15. MAIDEN NAME Frances Carter

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

17. INFORMANT Mayme Hamilton (ADDRESS) 4141 Sumatilla Denver Colo

18. BURIAL, CREMATION, OR REMOVAL PLACE Glendale DATE Mar 10, 1934

19. UNDERTAKER Brothers & Hayes (ADDRESS) Beulah

20. FILED Feb 1 1934 Mrs L. C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1933 to Dec 8 1933. I last saw him alive on Oct 2 1933. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Nephritis Date of onset _____

132A 137A

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis clinical 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? No

If so, specify _____

(Signed) J. G. Fournier M. D.

(Address) Shelby, Mo.

