

25 1934
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.

8542

1. PLACE OF DEATH

County Greene

Registration District No. 314

File No. 8542

Township Stonberry

Primary Registration District No. 4190

Registered No. 7

City Stonberry (No.)

St. Ward

2. FULL NAME William Thomas Beckman (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 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mellie Beckman deceased
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 - 1844
7. AGE YEARS 89 MONTHS 7 DAYS 11 If LESS than 1 day, hrs. or min.

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) Brown Co. Illinois (STATE OR COUNTRY)

13. NAME Charles E. Beckman (FATHER)

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

15. MAIDEN NAME Minerva Beaud (MOTHER)

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

17. INFORMANT Charles Beckman (ADDRESS) Marionville Mo

18. BURIAL, CREMATION OR REMOVAL Stonberry Mo DATE 3/25/34

19. UNDERTAKER L. A. Phillips (ADDRESS) Stonberry Mo

20. FILED 3/24 1934 O. S. Bernan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY - 23 - 1934

22. I HEREBY CERTIFY, That I attended deceased from MAY 20 1934 to MAY - 23 1934

I last saw him alive on Aug 18 1933. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Valvular Heart disease Date of onset 92A

Other contributory causes of importance: 72A

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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 ✓ 1934

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) J. C. Beets MD

(Address) Stonberry Mo

