

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

Do not use this space.

42707

JAN 1 6 1935

1. PLACE OF DEATH

County Harrison
Township Union
City _____ (No. _____)

Registration District No. 337
Primary Registration District No. 5472

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME William Hobart Beeks

(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 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 Vera Kampman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 XXXX 6 1

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. Stock and grain
10. Date deceased last worked at this occupation (month and year) Nov. 1934 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway, Mo

13. NAME E. E. Beeks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn, Mo

15. MAIDEN NAME Mary O. Triplet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway, Mo

17. INFORMANT (ADDRESS) E E Beeks Arapaho, Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Hill DATE 12/9 1934

19. UNDERTAKER (ADDRESS) W. H. Jones Ridgeway, Mo

20. FILED Dec 9, 1934 W. H. Jones Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934, to Dec 8, 1934
I last saw him alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Pericarditis acute Date of onset Nov 20, 1934
131
95
77.5
Other contributory causes of importance:
Chronic Myocarditis 1930
Chronic nephrosclerotic nephritis 1930

Name of operation no Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 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 L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. H. Jones, M. D.
(Address) Eagleville, Mo

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.

