

SEP 1 8 1935

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

Do not use this space.

25527

1. PLACE OF DEATH

County Bartons
Township Ozark
City..... (No.....)

Registration District No. H1
Primary Registration District No. 5062

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

Lillian M. Beck Bibles

(a) Residence. No. Lonest 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

wh.

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

Divorced

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23rd 1935

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934, to Aug 23rd, 1935.

that I last saw him alive on Aug 23rd, 1935, and that death occurred, on the date stated above, at 1:37 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Nephritis toxic. Arthritis
deformant of phalangee feet - knee
thip - shoulder - hand - with shoulder
Elbows - Big Sars (duration) 30 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar pneumonia and C.
Rheumatism - Dropsy (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH..... at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Laboratory

(Signed) H. J. Bell, D. W. Harrison, M. D.

, 19 (Address) Lonest Mo. Mulvins

*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 Lonest Cemetery DATE OF BURIAL Aug 25 1935

20. UNDERTAKER C. F. Kavanagh ADDRESS Lonest Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 15 1875

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,.....hrs. or.....min.
<u>60</u>	<u>1</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)..... at home
(c) Name of employer..... Self.

9. BIRTHPLACE (CITY OR TOWN)

Dawson
(STATE OR COUNTRY) Kans.

10. NAME OF FATHER

J. K. Beck

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kans.

12. MAIDEN NAME OF MOTHER

Charity Palmer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kans.

14. INFORMANT

Mrs Viola Hunter

(Address) Springfield Mo.

15. FILED

Sept. 10th 1935 H. J. Bell

REGISTRAR

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.

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY