

SEP 18 1935

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1007City St. Joseph, Mo. (No. Sunny Slope Hosptl.)File No. 25639Registered No. 855

St. _____ Ward _____

2. FULL NAME Orville Beck(a) Residence, No. 2213 1/2 S. 8 th 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 <u>Male</u>	4. COLOR OR RACE <u>Wht.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21st 1935</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>4</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph, Mo.</u>
	13. NAME <u>Raymond Beck</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbus, Ohio</u>
	15. MAIDEN NAME <u>Ida Weaver</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ames, Iowa</u>
17. INFORMANT (ADDRESS) <u>Raymond Beck</u> <u>2213 1/2 S. 8 th/</u>	
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Mt. Auburn</u> DATE <u>Aug. 12, 1935</u>	
19. UNDERTAKER (ADDRESS) <u>FLEEMAN MORTUARY INC.</u> <u>1946 Calhoun</u>	
20. FILED <u>Aug 12 1935</u> <u>John W. Bender</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, th 193522. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to 8-11, 1935I last saw him alive on 8-10, 1935. Death is saidto have occurred on the date stated above, at 2.30 m.

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

meningitis (typhoidic) Date of onset
Type)Other contributory causes of importance: Name of operation Laboratory
What test confirmed diagnosis? Definite Was there an autopsy? no23. 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) John W. Bender, M. D.(Address) 175 N. 1st

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.

