

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.

DEC 20 1935

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

Do not use this space.

337353

1. PLACE OF DEATH

County Repley
Township Gateswood
City (No. _____) St. _____ Ward _____

Registration District No. 750
Primary Registration District No. 6245

File No. _____
Registered No. 1836

2. FULL NAME

Freda Marie Beckham

(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 F. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or 25 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Repley County Missouri

13. NAME Chas F. Beckham

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

15. MAIDEN NAME Beatrice Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Repley County Missouri

17. INFORMANT Chas F. Beckham
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gateswood, Mo DATE Oct. 27, 1935

19. UNDERTAKER None
(ADDRESS)

20. FILED Oct 28, 1935 E. B. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1935, to Oct - 26, 1935

I last saw h. w. alive on October 26, 1935 Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Premature Birth
(7 months)
159

Other contributory causes of importance:

Under developed

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____, 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?

If so, specify F. Beckham
(Signed) D. W. Johnson, M. D.
(Address) mo

