

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.

Copy
 JAN 17 1936

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

Do not use this space.

40344

1. PLACE OF DEATH
 County Miss. Registration District No. 574
 Township East James Primary Registration District No. 334
 City East James, Mo. St. _____ Ward _____

2. FULL NAME James B. Beckers
 (a) Residence, No. East James St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 4 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Indiana

13. NAME William Beckers

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

15. MAIDEN NAME Mrs. Pley Brown

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

17. INFORMANT Plancee Bone
 (ADDRESS) East James Mo

18. BURIAL, CREMATION, OR REMOVAL Buried
Princeton Ky DATE 12/24 1935

19. UNDERTAKER Jms Shelby
 (ADDRESS) East James Mo

20. FILED Dec 22 1935 Duff M. Dodge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 31, 1935, to Dec 22, 1935
 I last saw him alive on Dec 22, 1935. Death is said to have occurred on the date stated above, at 11 A m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset _____
Bronchial Asthma
 Other contributory causes of importance: _____
1011

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 _____, 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 _____
 (Signed) Geo W Whitaker, M. D.
 (Address) East Prairie Mo

