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.

MAR 18 1936

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

Do not use this space.

5343

1. PLACE OF DEATH
County Franklin
Township Boles
City Pacific (No. ..... St. ..... Ward)

Registration District No. 4177
Primary Registration District No. 293

File No. .....
Registered No. .....

2. FULL NAME WILLIAM BEACRAFT

(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 34 yrs. 5 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1901.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sand mines
10. Date deceased last worked at this occupation (month and year) Oct. 1933
11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Charles Beacraft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary Hollis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. Cora Farrell
(ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pacific, Mo. DATE Feb. 22, 1936

19. UNDERTAKER Thiebes & Son,
(ADDRESS) Pacific, Mo.

20. FILED 2-22 1936 G E Gross
D. R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Feb 19, 1936
I last saw him alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 4:20 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 yrs
23	

Other contributory causes of importance:

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 .....
(Signed) W. T. Hamker, M. D.
(Address) Pacific, Mo.