

MAY 18 1936

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

Do not use this space.

14177

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 2703) Pater St. St Joseph Ward St Joseph

2. FULL NAME

(a) Residence, No. Shirley Irene Beckett St. St Joseph Ward St Joseph
(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 Female 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) June 10, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 10 4

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

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) Union Grove
Wisconsin

13. NAME Leland Beckett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co
N.Y.

15. MAIDEN NAME Mildred Wiley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norfolk
Pa.

17. INFORMANT Leland Beckett
(ADDRESS) St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornwood DATE April 16, 1936

19. UNDERTAKER W. Moore
(ADDRESS) Carver on the

20. FILED 4-15 1936 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12th, 1936, to April 14, 1936
I last saw h. alive on April 14, 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Polio myelitis acute anterior Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Usual tests Was there an autopsy? no

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? No

If so, specify _____

(Signed) J. M. Gussner, M. D.

(Address) St Joseph Mo.

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.

