

AUG 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County CassRegistration District No. 156Township HarrisonvillePrimary Registration District No. 4090City Harrisonville

(No. _____)

25854

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Thomas J. Beck

(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. 7 mos. — 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha A Beck6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21-18617. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

10. Data 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) Missouri13. NAME David L. Beck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Martha Vaughan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rathco Co Mo17. INFORMANT Lula Fite Morrison(ADDRESS) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Recreation cemetery DATE 7/11 193619. UNDERTAKER Remmberg's(ADDRESS) Harrisonville Mo20. FILED July 10 1936 E. M. Guffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 193622. I HEREBY CERTIFY That I attended deceased from June 20 1936 to July 8 1936I first saw him alive on July 5 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cerebral apoplexy
7721

Date of onset

Other contributory causes of importance:

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) E. M. Guffith M. D.(Address) Harrisonville

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.

