

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

Do not use this space.

30415

SEP 21 1936

**1. PLACE OF DEATH**

County Daviess  
Township Marion  
City                      (No.                     )

Registration District No. 254  
Primary Registration District No. 7754  
3308

File No. 31  
Registered No.                       
St.                      Ward                     

**2. FULL NAME Thurman Walter 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 1 yrs.                      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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,                      hrs. or                      min.  
79 6 5

OCCUPATION 8. 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. Agriculture  
10. Date deceased last worked at this occupation (month and year) Jan. 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Marion  
(STATE OR COUNTRY) Ohio

FATHER 13. NAME Alfred L. Beck

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

MOTHER 15. MAIDEN NAME Mary E. Brown

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

17. INFORMANT Mrs. Boyd Burns  
(ADDRESS) R. F. D. 2, Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Aug 28 1936

19. UNDERTAKER Hope Furniture & Undt. Co.  
(ADDRESS) Gallatin, Missouri

20. FILED Sept. 10 1936 Frances Sutton  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21: DATE OF DEATH (MONTH, DAY, AND YEAR) August 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936 - date                     , 19                    

I last saw h                      alive on                     , 19                     Death is said

to have occurred on the date stated above, at 4:30 AM

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

General senility

Date of onset                     

Other contributory causes of importance:                     

Name of operation none Date of                       
What test confirmed diagnosis? Clinical 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) M. A. Smith, M. D.

(Address) Gallatin, 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.

