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.

JAN 21 1937

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

Do not use this space.

45438

1. PLACE OF DEATH
County Livingston — Registration District No. 514 — File No. 291
Township Monroe — Primary Registration District No. Monroe Tp — Registered No. 16
City Ludlow (No. 5192 St. Ward)

2. FULL NAME Absolan Beckley
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Beckley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1870
7. AGE YEARS 66 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) Dec. 1936
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

FATHER
13. NAME Adam Beckley.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Mildred Beckley Ludlow, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Monroe DATE 12/19/ Mo

19. UNDERTAKER (ADDRESS) B F Mead Braymer Mo

20. FILED Dec 13, 1936 Geo Morse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936, to Dec 17, 1936
I last saw him ~~alive~~ Dead on Dec 17, 1936 Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Probably Congestive attack	Don't Know
Other contributory causes of importance:	
Bronchial Asthma	1925

Name of operation None Date of
What test confirmed diagnosis? None 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) Geo Morse, M. D.
(Address) Ludlow Mo