

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.

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

County Shannon
Township Linn
City Linn (No. 7)

Registration District No. 824
Primary Registration District No. 6076

File No. 4592
Registered No. St. Ward

2. FULL NAME

Billie Ray 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. 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 W 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) Jan - 15 - 37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Mo

13. NAME Goldwin Beck

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

15. MAIDEN NAME Ray Williams

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

17. INFORMANT Goldwin Beck (ADDRESS) Linn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chilwood Cemetery DATE 1 - 17 - 1937

19. UNDERTAKER Wright (ADDRESS)

20. FILED 1 - 17 - 1937 Frank Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 17 - 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 16 1937 to Jan - 17 - 1937
I last saw him alive on Jan - 16 - 1937 Death is said to have occurred on the date stated above, at 3-2 m.
The principal cause of death and related causes of importance were as follows:
Cause unknown

Other contributory causes of importance Date of onset

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) Frank Taylor M. D.
(Address) Linn Mo

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