

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

Do not use this space.

12314

APR 20 1937

1. PLACE OF DEATH *Jefferson*
 County *Jefferson* Registration District No. *422*
 Township *Central* Primary Registration District No. *5577*
 City *Jefferson* (No. *1*) St. *Jefferson* Ward *1*

2. FULL NAME *William B. Beckford*
 (a) Residence, No. *1111* St. *Jefferson* Ward *1*
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 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 *Single*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 11 - 1852*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 21

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Captain Mate*
 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) *Germany*

MOTHER
 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Howard B. Sells*
2121 S. Webster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wash. Chapel Cemetery* DATE *March 17 1937*

19. UNDERTAKER (ADDRESS) *Helietta Memorial Home*
1111 S. Webster Mo.

20. FILED *March 6 1937* *C. Key Menden* (Address) *2121 S. Webster Mo.*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5th 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 18 1937* to *March 5 1937*
 I last saw him alive on *Feb 2 1937* Death is said to have occurred on the date stated above, at *11:40 P.M.*
 The principal cause of death and related causes of importance were as follows:
 Date of onset *1927*

Chronic Prostatitis & Cystitis
 Other contributory causes of importance: *General Infirmitates of age (Senility)*

Name of operation *Prostatectomy* Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) *Howard B. Sells*, M. D.
 (Address) *2121 S. Webster 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.

