

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

Do not use this space.

SEP 22 1937

1. PLACE OF DEATH

County Pemiscot Registration District No. 1
Township Pascala Primary Registration District No. 1102
City _____ (No. 2585870) St. _____ Ward _____

File No. 31425
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jimmie Beck
(a) Residence No. Pascala 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 Cal 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) Apr 20 36

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
1 3 10

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) Apr 1937
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) Pascala
(STATE OR COUNTRY) Mo

13. NAME Lafayette Beck

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

15. MAIDEN NAME Hattie Wilson

16. BIRTHPLACE (CITY OR TOWN) Ark
(STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cemetery DATE Sept - 2 - 1937

19. UNDERTAKER (ADDRESS) Ray. Und. Co. Naylor, Mo.

20. FILED Sept 8, 1937 Mrs. T. R. Cole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937, to Aug 4 1937.
I last saw him alive on Aug 4, 1937 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Calic
malnutrition
malaria
Other contributory causes of importance _____
Date of onset 7

Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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) L. Williams, M.D.
(Address) W. 8th

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.

NO. 19

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