

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

498
Do not use this space.

FEB 12 1938
1. PLACE OF DEATH
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL Registered No. 354
(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leona Jane Beckett 2.30
(a) Residence, No. St. NR Hinch Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1 - 10 - 1938</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MACK E. BECKETT</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>1 - 4 - 1938</u> , to <u>1 - 10 - 1938</u> I last saw her alive on <u>1 - 19 - 1938</u> . Death is said to have occurred on the date stated above, at <u>6 a.</u> m. The principal cause of death and related causes of importance were as follows: <u>Septicemia (pneumococcus)</u> <u>Peritonitis (pneumococcus)</u> <u>non-puerperal</u> Other contributory causes of importance: <u>Terminal Baccho pneumonia</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 6 - 1911</u>		7. AGE YEARS MONTHS DAYS		If LESS than 1 day, hrs. or min.		
<u>26</u>		<u>11</u>		<u>4</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>			Date of onset		
	9. Industry or business in which work was done, as saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year) <u>JAN 2 - 1938</u>		11. Total time (years) spent in this occupation <u>12 yrs.</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>WASHINGTON City Mo.</u>					Name of operation <u>107a</u> Date of	
FATHER	13. NAME <u>J. H. Compton</u>				What test confirmed diagnosis? <u>Autopsy</u> Was there an autopsy? <u>yes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>				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.	
MOTHER	15. MAIDEN NAME <u>MARGARET ISGRIG</u>				Manner of injury	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>				Nature of injury	
17. INFORMANT <u>MacK E. Beckett</u> (ADDRESS) <u>Hinch, Missouri</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Eugene M. Bricker</u> M. D. (Address) <u>BARNES HOSPITAL</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HINCH, Mo.</u> DATE <u>JAN 11 1938</u>						
19. FUNERAL DIRECTOR <u>Albert H. Hays</u> (ADDRESS) <u>429 N. Euclid</u>						
20. FILED <u>11 1938</u> <u>J. Bredeck</u> Local Registrar.						

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Guy W Wilkinson

Licensed Embalmer No. _____

3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)