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.

File No. 1655

Registered No. 343

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 1715 Linwood Blvd. St. Ward)

2. FULL NAME Henry V. Beckley 240

(a) Residence, No. 1715 Linwood Blvd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Margaret Beckley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1873

7. AGE: Years 64 | Months 4 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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. Printer

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) Pennsylvania

FATHER

13. NAME Edwin Beckley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Margaret Crawford

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

17. INFORMANT Mrs. Margaret Beckley
(ADDRESS) 1715 Linwood Blvd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill DATE 1-24-38, 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Jan 23, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....

I last saw him alive on ....19.... Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Coronary Atherosclerosis	
94.13	

Other contributory causes of importance:

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) Russell W. Dean, M. D.

(Address) ....

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