

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

Do not use this space.

1. PLACE OF DEATH

37 County Lincoln Registration District No. 44
 Township Minerva Primary Registration District No. 56
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Elizabeth Beck
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1865
 7. AGE YEARS 72 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME William Beck

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

MOTHER 15. MAIDEN NAME Hunt

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

17. INFORMANT Elizabeth Beck (ADDRESS) Barco Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawthorn Mo DATE Jan 30 1938

19. UNDERTAKER Wayne Mc Coy (ADDRESS) Jay Mo.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 22 1938 to Jan 28 1938

I last saw him alive on Jan 29 1938 Death is said to have occurred on the date stated above, at 11:05 A.M.

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

Carcinoma of stomach Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis None 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? No

If so, specify _____

(Signed) Charles L. Gerin, M. D.

Warrenton Mo (Address)

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3313

Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 494
(b) Township Ninevah Primary Registration District No. 3658 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George W. Beck
(a) Residence, No. _____ St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Elizabeth Beck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1865
7. AGE YEARS 72 MONTHS 4 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Missouri

13. NAME William Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London Co Ohio

15. MAIDEN NAME Beck

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

17. INFORMANT (ADDRESS) Elizabeth Beck
cards no

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawkins Mo. DATE Jan 30 1958

19. FUNERAL DIRECTOR (ADDRESS) Wayne McCoy
Phoy no

20. FILED Feb 1 1958 Relay Pennington
App. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1958

22. I HEREBY CERTIFY That I attended deceased from Jan 22 1958 to Jan 28 1958

I last saw him alive on Jan 27 1958 Death is said to have occurred on the date stated above, at 11:05 a.m.

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

Cardiomegaly & Stomach

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? none 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? no

If so, specify _____

(Signed) Charles L. Garcia, M. D.

(Address) Warrenton

1938

S-3313