

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

Do not use this space.

1. PLACE OF DEATH
 73 County Newton Registration District No. 612 File No. 3574
 Township Van Buren Primary Registration District No. 5814 Registered No. _____
 City (No. _____) St. _____ Ward _____

2. FULL NAME Joseph H. Beck 200
 (a) Residence, No. Newton County 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 30, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lucinda Jarvis Beck

22. I HEREBY CERTIFY, That I attended deceased from 1-23- 1938, to 1-30- 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1861

I last saw him alive on 1-29- 1938. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 no 29

to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:

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. Farming
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation life

Obstruction of bowels, possibly intestinal obstruction
 Date of onset 1-23-38
 Other contributory causes of importance: chronic constipation for years

12. BIRTHPLACE (CITY OR TOWN) Phelps County 0
 (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

FATHER
 13. NAME James Vivian Beck
 14. BIRTHPLACE (CITY OR TOWN) Kalamazoo 0
 (STATE OR COUNTRY) Michigan

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)

MOTHER
 15. MAIDEN NAME Mary Ann Neighbor
 16. BIRTHPLACE (CITY OR TOWN) Phelps County
 (STATE OR COUNTRY) Missouri

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Vance Beck
 (ADDRESS) Pierce City, Missouri

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION OR REMOVAL
 PLACE Van Buren Cemetery DATE February 1, 1938

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

19. UNDERTAKER Wm C. Cole
 (ADDRESS) Sarcoxie, Missouri

(Signed) _____, M. D.

20. FILED 2-1 1938 Erace Hudson
 Registrar. 54-10

(Address) Sarcoxie, Missouri

This certificate is a public document, and its contents are a matter of public record. It is not to be used for any purpose other than that for which it is issued.

RECEIVED

FEB 28 1938

BUREAU OF STATISTICS
IND. STATE HEALTH