

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

10261
Do not use this space.

REC'D APR 15 1939

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 99
 (b) Township Grant Primary Registration District No. 4061
 (c) City Polo (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

Maudie S. Beckett
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Wm H. Beckett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 24 1862</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>1</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami mo Caldwell Co.</u>	
	13. NAME <u>Courtney Copping</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Lydia</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Wm H. Beckett</u> (ADDRESS) <u>Polo mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prairie Ridge</u> DATE <u>3-27 1939</u>		
19. FUNERAL DIRECTOR <u>Alsbaugh + Cowley</u> (ADDRESS) <u>Polo mo.</u>		
20. FILED <u>Apr 2 1939</u> <u>Mrs Wylie Thompson</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to March 25, 1939
 I last saw her alive on March 25, 1939. Death is said to have occurred on the date stated above, at 5:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
Influenza of Meningitis
110'
 Other contributory causes of importance:
Generalized Arteriosclerosis
heredof Arteriosclerosis
 Date of onset Mar. 11
Mar. 14
 Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) J. E. Goldberg, M. D.
 (Address) Polo, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X12004

RECEIVED

District Health Officer No. 11,

District File Number 39-272

Date Filed APR 10 1939

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.....

Licensed Embalmer No.....

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.)