

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

21419
 Do not use this space.

REC'D JUL 17 1939

1. PLACE OF DEATH

(a) County Atchison Registration District No. 22
 (b) Township Lincoln Primary Registration District No. 6581 Registered No. H
 (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

Lucy Lay Beck
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W E Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 II 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) June, 1939
 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME John Eggleston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Lyda Pettecord

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

17. INFORMANT (ADDRESS) Fred Beck Blanchard, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blanchard, Ia DATE June, 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Turner Westboro, Missouri

20. FILED June 16, 1939 Edlott Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 15 th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1939, to June, 15th, 1939

I last saw her alive on June, 15th, 1939 Death is said to have occurred on the date stated above, at 10 P.M.

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

Broncho Pneumonia

Date of onset June 12-39

Other contributory causes of importance:

Chronic Bronchiectasis

Years ago

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?

(Signed) Edward Luke M. D.
 (Address) (Edward Luke), Coin, Iowa

District File Number 739-905
Date Filed JUL 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Scott Tucker

....., or by

Registered Apprentice No., working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.