

FILED MAY 27 1942

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

17498

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township 3 Primary Registration District No. 3007 Registered No. 136
 (c) City Poplar Bluff (d) Street No. 1124 North Main Street - Brandon Hoop
 (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. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Noble Riley Beckham

(a) Residence, No. St. Bardley, Missouri
 (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 Coeta Beckham
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 7 19
 OCCUPATION 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. Farm
 10. Date deceased last worked at this occupation (month and year) 4-20-42 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardley, Missouri

FATHER 13. NAME Daniel Martin Beckham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James Missouri

MOTHER 15. MAIDEN NAME Della Dodd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bardley Missouri

17. INFORMANT Mrs. Marjorie Berry (Sister)
(ADDRESS) Bardley, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Bardley, Mo. DATE April 24, 194219. FUNERAL DIRECTOR F. E. Jordan
(ADDRESS) Doniphan, Missouri20. FILED 4-24-42, 19. Belle Steine
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1942, to April 23, 1942.
 I last saw him alive on April 22, 1942 Death is said to have occurred on the date stated above, at 6:30 Am.
 The principal cause of death and related causes of importance were as follows:

Subdural HemorrhageDate of onset
4-21

Other contributory causes of importance:
Basal Skull Fracture 186 a 36 4-21

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? Accident Date of injury 4-20, 1942
 Where did injury occur? Doniphan, Missouri
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Place
 Manner of injury Blow on head with bottle and fall on concrete.
 Nature of injury Skull fracture.

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify
 (Signed) W. L. Brandon, M. D.
 (Address) Poplar Bluff, Missouri

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

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-7-20-37

I. X12004

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.

RECEIVED

District Health Office No. 2,

District File Number 542-655

Date Filed 5-20-42

JUL 11 1942

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.)