

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

10271
Do not use this space.

FILED MAR 18 1944

1. PLACE OF DEATH
 (a) County Atchison Registration District No. 5
 (b) Township Clark Primary Registration District No. 4-2-11
 (c) City Fairfax, Mo. (d) Street No. 1 Registered No. 3
 (e) Length of residence in city or town where death occurred yrs. mos. dd. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. St.

2. PRINT FULL NAME Mrs. Mary Julia Beck
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) Mo.
 (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 J. L. Beck.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20 - 1856
 7. AGE YEARS 87 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-keeper
 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) Statesville, North Carolina
 FATHER 13. NAME Bilas Clanton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.
 MOTHER 15. MAIDEN NAME Martha Woodward
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.
 17. INFORMANT (ADDRESS) Mrs Gilbert McCollam
Burlington Junction, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Pleasant Ridge Cemetery DATE Feb. 27, 1944
 19. FUNERAL DIRECTOR (ADDRESS) N. N. Schoolers
Fairfax, Mo.
 20. FILED Feb. 26, 1944 Mrs. H. D. Cunningham (Address) Fairfax, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 25, 1944
 22. I HEREBY CERTIFY, That I attended deceased from MAY 6, 1940, to FEB. 25, 1944
 I last saw her alive on FEB. 25, 1944. Death is said to have occurred on the date stated above, at 9:55 am.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
Hypertension
Secondary anemia
Secondary anemia
 Other contributory causes of importance: _____
 Name of operation _____ 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) Mary J. McDonald D.O.
Fairfax, Mo.

Date of onset
Unknown probably 1938
1941
1942
1943

