

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

Shelton
Do not use this space.

39192

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No.) St. (Ward)

File No.
Registered No. 96

2. FULL NAME

James Andrew Beckner
(a) Residence. No. Benton 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

3. SEX Male **4. COLOR OR RACE** Caucasian **5. SINGLE, MARRIED OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Margaret Beckner
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-26-1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 30

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sabarer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Beckner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Margaret Beckner
(Address) Clinton, Mo.

15. FILED 12/27, 1930 Ed C. Reelov
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1930
17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1930 to Dec 25 1930
that I last saw him alive on December 24, 1930, and that death occurred, on the date stated above, at 7:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Leadses Rural disease
9:00
gross (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9:00 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED gross
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) S. W. Wolz, M. D.
, 19 (Address) Clinton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hilds Creek **DATE OF BURIAL** 12-26 1930

20. UNDERTAKER H. H. Limes **ADDRESS** Clinton

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.

JAN 19 1931

