

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

Do not use this space.

36319

1. PLACE OF DEATH
 County Henry Registration District No. 358
 Township Big Creek Primary Registration District No. 5503
 City Chilhowee (No. _____) St. _____ Ward _____

2. FULL NAME Fannie L. Beck
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 77 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Saul Beck
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov July 19-1856
 7. AGE YEARS 77 MONTHS 4 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 9. Industry or business in which work was done, as silk mill, 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) Mo

FATHER 13. NAME Wm Shivers

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

MOTHER 15. MAIDEN NAME Nancy Coats

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

17. INFORMANT Chas Shivers (ADDRESS) Pleasant Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carsville DATE Nov 24-33

19. UNDERTAKER Sweeney-Cook, (ADDRESS) Chilhowee Mo

20. FILED Nov 28, 1933 E. G. Huber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 23 1933
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1933 to Nov 23 1933
 I last saw her alive on Nov 22 1933. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Colon Date of onset 4/10
162
 Other contributory causes of importance: Insufficient

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? _____
 If so, specify _____ (Signed) J. B. Beatty, M. D.
 (Address) Chilhowee 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.

