

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

26008

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Blue Primary Registration District No. 6524 Registered No. 241
 City Independence, Mo. 1 Mi. N. E. Knobtown Road (Ward)

2. FULL NAME

James Beck

(a) Residence. No. 1 Mi. N. E. Knobtown Road Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Jane Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 4, 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	80	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Geo. Beck

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

12. MAIDEN NAME OF MOTHER Jane Foxcroft

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

14. INFORMANT Mrs. Mary Jane Beck
 (Address) 1 mi. N.E. Knobtown Rd.

15. FILED Oct 5, 1921 F. L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 4 1921

17. HEREBY CERTIFY, That I attended deceased from March 1, 1911, to June 30, 1911, that I last saw him alive on July 1, 1911, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer in mouth and throat
456
1.5F (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at his home
 IF NOT AT PLACE OF DEATH? _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. M. Bazel, M. D.
Oct 5, 1921 (Address) Independence 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL Oct 6 1921

20. UNDERTAKER D. W. Newcomer ADDRESS 2111 E. 9

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.

