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

Do not use this space.

25708

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No.

Township: Washington — Primary Registration District No. 6162 — Registered No. 162

City: ~~Nevada~~ (No. ..... St. ..... Ward)

2. FULL NAME Maud Beckner

(a) Residence. No. St Hosp # 3 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

AUG 6 1930

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF H. H. Beckner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15 - 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	8	6	

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

9. BIRTHPLACE (CITY OR TOWN) Polk Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Morris Grant

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

12. MAIDEN NAME OF MOTHER Nancy Robertson

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

14. INFORMANT Hosp Record
(Address)

15. FILED 8/6/1930 E. R. King, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to July 21, 1930 that I last saw her alive on July 21, 1930, and that death occurred, on the date stated above, at 9:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the liver
46 E (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) General anasarca
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 44 B

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. L. Martin, M. D

, 19 (Address) Nevada 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: Bolivar Mo — DATE OF BURIAL: 7-23-1930

20. UNDERTAKER: Myers Funeral Home — ADDRESS: Nevada

N. B.—Every ... erfully supplied. AGE ... ould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement ... important.

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS BY LAW A FEE FOR CERTIFICATES UNTIL THEY ...

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Township: Washington Primary Registration District No.: 6162 Registered No.: 162

City: ..... (No. ....., ... St. ..... Ward)

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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.

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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED 8/6/, 19 30 E. R. King REGISTRAR
C.D.

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..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

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IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
	19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-25708