

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

Do not use this space.

5240

1. PLACE OF DEATH

County DeKalb Registration District No. 258
Township Washington Primary Registration District No. 5360A
City Clarksdale, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME Becil Means

(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 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) DeKalb Co Mo

13. NAME B P Means

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Wilmie Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Marv Harris (ADDRESS) Clarksdale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Feb 21 1933

19. UNDERTAKER E M Adams (ADDRESS) Clarksdale Mo

20. FILED 720 1933 E M Adams Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1932, to Feb. 19-33, 1933

I last saw him alive on Feb. 18-33, 1933 Death is said to have occurred on the date stated above, at 12-26 AM

The principal cause of death and related causes of importance were as follows:

Nephritis

132A
102 132

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1933

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) O. L. Purkins, M. D.

(Address) Clarksdale, Mo.

WRITE CAREFULLY, 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.

