

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.

JAN 26 1934

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

Do not use this space.

39134

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
City Coleman (No. _____) St. _____ Ward _____

File No. _____
Registered No. 231

2. FULL NAME

Barbara Beckett
(a) Residence, No. 305 W 69th N.E. Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
21 3 19

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

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) Pueblarcari N.M.

13. NAME F. J. Beckett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Kan.

15. MAIDEN NAME Louise Rex

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

17. INFORMANT F. J. Beckett (ADDRESS) 305 W. 69th N.E. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal Mo. DATE 12/6 1933

19. UNDERTAKER Parley Furber & Co (ADDRESS) Columbia Mo.

20. FILED 12/4/ 1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3 1933

I HEREBY CERTIFY, that I attended deceased from Nov 24 1933 to Dec 3 1933

I last saw him alive on Dec 2nd 1933. Death is said to have occurred on the date stated above, at 10 a.m.

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

Lobar pneumonia Date of onset Nov 24

Other contributory causes of importance: Cardiac failure at crisis

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? No

If so, specify _____

(Address) Greg St. M. D.

(Address) Columbia Mo.

