MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 13274
Township ~~Galena~~ — Primary Registration District No. 2002 — Registered No.
City Joplin (No. , St. Ward)

2. FULL NAME Lenora Ann Beckham
(a) Residence, No. 907 Taylor St. Ward, (If nonresident, give city or town and State)
(Usual place of abode)
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 Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Beckham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1889
7. AGE YEARS 44 MONTHS 3 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Benton Co Ark

FATHER
13. NAME James Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Ark

MOTHER
15. MAIDEN NAME Jennie Bone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Jennie Hanyan Joplin, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Park DATE 4-18 34, 19
19. UNDERTAKER (ADDRESS) Hurlburd Co. Joplin Mo
20. FILED 4-16, 1934 Ed E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 34, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1934, to 4-15, 1934
I last saw her alive on 4-15, 1934. Death is said to have occurred on the date stated above, at 3-30 PM.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

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. W. Barson, M.D.
(Address) Joplin 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.

100M-11-24-33