

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis, Mo.* (No. *City Hospital No 2*)

File No. **18630**
 Registered No. **5123** St. _____ Ward)

2. FULL NAME

Dorothy May Beckwith
 (a) Residence, No. *2320* *Pink* St., *21* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *♀* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18*, 19*34*

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5, 1932*

I last saw h..... alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 *5* *13*

to have occurred on the date stated above, at *9:30* P.M.

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

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Shock and Burns - Burns - received when child fell in pot of boiling water at residence.
 Date of onset *15*

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*

181 Accident

13. NAME *Geo Beckwith*

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ala*

What test confirmed diagnosis? *141* Was there an autopsy? *No*

15. MAIDEN NAME *Betty Bonds*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury *5/1*, 19*34*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ark*

Where did injury occur? *St. Louis, Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *George Beckwith*
2320 Pine Street

Manner of injury *Home*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *May 22, 1934*

Nature of injury *Burns*

19. UNDERTAKER (ADDRESS) *A. F. Beckwith & Co*
2320 Pine Street

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED *V 22* *100* '34 *J. Bredeck* Registrar

(Signed) *Dr. J. Bredeck* M.D.

(Address) *St. Louis, Mo.*

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.

JUN 19 1934

