

AUG 14 1935

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

Do not use this space.

22594

1. PLACE OF DEATH

County Douglas Registration District No. 289
Township Boon Primary Registration District No. 5184
City Ava Mo (No. _____) St. _____ Ward _____

File No. _____

Registered No. 62

2. FULL NAME

Johnny Beck
(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 26 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leonard Beck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4-1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) Marshfield Mo13. NAME Whitley

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

15. MAIDEN NAME Becca Hall

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

17. INFORMANT Leonard I. Beck
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Turkey Creek DATE July 31 193519. UNDERTAKER C. D. Chinking
(ADDRESS) Ava, Mo20. FILED 8-10 1935 Henry Burke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 193522. I HEREBY CERTIFY, That I attended deceased from March 31 1931, to July 29 1935I last saw him alive on July 28 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma of Uterus Date of onset 2 months

Other contributory causes of importance:

Name of operation Radium embolism Date of May-35What test confirmed diagnosis? clinical obs. 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) R. M. Norman, M. D.(Address) Ava 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.

