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.

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

JUN 17 1936

Do not use this space.

18902

1. PLACE OF DEATH

County: Clay — Registration District No.: 198 — File No.:

Township: Fishing River — Primary Registration District No.: 3011 — Registered No.:

City: Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3rd Ward)

2. FULL NAME: BECKLEAN, Frank A.

(a) Residence, (Usual place of abode): Vets. Adm. Facility, Excelsior Springs, Mo. 317 So. Quincy, Kansas City, Missouri (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 1 yrs. 10 mos. 11 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~~: Lois Becklean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 17, 1870

7. AGE: Years 65 — Months 8 — Days 6 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Unk. 1928

11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kewanee, Ill.

FATHER

13. NAME: Andrew Becklean

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

MOTHER

15. MAIDEN NAME: Matilda J. Soderstrom

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

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: National Cemetery, ~~Fort Leavenworth, Kansas.~~ DATE: May 27 - 36

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs, Missouri.

20. FILED: 5-23- 1936 Mrs Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934, to May 23, 1936. I last saw him alive on May 23, 1936. Death is said to have occurred on the date stated above, at 5:10 P.M.

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

	Date of onset
Tuberculosis, pul. chr. active, advanced.	?

Other contributory causes of importance:

Name of operation: none Date of: - -

What test confirmed diagnosis: Exam. & Obs. 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 - - 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) H. C. Hardegree, M.D., Clinical Director

(Address) Veterans Administration Facility Excelsior Springs, Missouri.