

AUG 4 1939

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

25219  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Callaway 3 Registration District No. 104  
 (b) Township Fulton 1 Primary Registration District No. 3008 Registered No. 175  
 or City Fulton (c) Street No. State Hwy #1 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Allen Beck  
 (a) Residence, No. Fulton Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Nora Ella Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 1

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as 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) Louisburg Missouri C

FATHER  
 13. NAME William Beck 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WTC 9

MOTHER  
 15. MAIDEN NAME Margaret Marsh  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WTC

17. INFORMANT (ADDRESS) Mrs Jas Allen Beck  
Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Louisburg Missouri DATE July 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo H. Helms  
Fulton Missouri

20. FILED July 3 1939 R. N. Cross  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1939

22. I HEREBY CERTIFY, that I attended deceased from June 29 1939, to July 2 1939  
 I last saw him alive on July 1 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
 Date of onset  
 Other contributory causes of importance: 94 lb

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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. R. Bunch \_\_\_\_\_, M. D.  
 (Address) Fulton Mo

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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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Leo G. Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**