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

Do not use this space.

35233

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1. PLACE OF DEATH
County: Dallas
Township: Sheridan
City: ~~Fair~~ Grove Mo. (No. R#1 St. ..... Ward)

Registration District No. 243
Primary Registration District No. 5337

File No. .....
Registered No. .....

2. FULL NAME: John W. Beckerdite
(a) Residence, No. Fair Grove Mo. St., R#1 Ward.
(Usual place of abode) (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.

NOV 23 1932

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: Sarah F. Beckerdite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23 - 1859

7. AGE: Years 73 | Months 7 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
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): Mo.

FATHER
13. NAME: Bice Beckerdite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Car

MOTHER
15. MAIDEN NAME: Adaline Copple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Carolina

17. INFORMANT: Sarah F. Beckerdite
(ADDRESS) Fair Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olive Cemetery DATE: Nov 3, 1932

19. UNDERTAKER: J. W. Klingner & Co.
(ADDRESS) Springfield Mo.

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Nov 1, 1932
I last saw him alive on Oct 28, 1932. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 1
122A	
107A	

Other contributory causes of importance:

Large Uncorrected	
Rt Inguinal Hernia	Oct 27

Name of operation: Herniotomy Date of: Oct 27
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Northes Smith, M. D.
(Address) Springfield, Mo.

Filed 1.4.11 Inter. A. Dr.

Nov. 2—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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Dallas — Registration District No.: 243 — File No.:
Township: Sheridan — Primary Registration District No.: 5337 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: John W. Beckerdite
(a) Residence, No. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah F. Beckerdite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 23 1859

7. AGE: Years 73 — Months 7 — Days 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Mo

FATHER
13. NAME: Brice Beckerdite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER
15. MAIDEN NAME: Adaline Popple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

17. INFORMANT: Sarah F. Beckerdite
(ADDRESS): Fair Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olive Cemetery DATE: Nov 3, 1932

19. UNDERTAKER: F. W. Klingner & Co
(ADDRESS): Springfield Mo

20. FILED: 6/10, 1932 M V Roa, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 2, 1932

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I last saw him alive on Oct 28, 1932. Death is said to have occurred on the date stated above, at 1 40 a m.
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	Date of onset
Bronchial Pneumonia	Nov 1

Other contributory causes of importance:

Large incarcerated umbilical hernia	Oct 27

Name of operation: Herniotomy Date of: Oct 28
What test confirmed diagnosis? 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): Arthur Smith, M. D.
(Address): Springfield Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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