

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

Do not use this space.

**JUN 18 1937**

1. PLACE OF DEATH  
30 County Hall Co  
Township Shudron  
City Hall Grove (No. ....)

Registration District No. 243  
Primary Registration District No. 3337

File No. 19878  
Registered No. 2  
St. .... Ward)

2. FULL NAME Martin Wesley Beckudite  
(a) Residence, No. Hall Grove R. 1 St., .... Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 1905

7. AGE YEARS 32 MONTHS 4 DAYS 14 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) Missouri

FATHER 13. NAME John W. Beckerdite

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

MOTHER 15. MAIDEN NAME Sarah J. Bass

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

17. INFORMANT (ADDRESS) Sarah J. Beckudite Hall Grove R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive DATE May 28 37

19. UNDERTAKER (ADDRESS) Springfield Mo

20. FILED June 2 1937 Wm J. Stencher Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

22. I HEREBY CERTIFY, That attended deceased from May 20 1937 to May 27 1937. I last saw him alive on May 27 1937. Death is said to have occurred on the date stated above, at 5:00 pm. The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
Other contributory causes of importance:  
Date of onset

Name of operation g3 Date of  
What test confirmed diagnosis? 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) E. M. Baiery M. D. (Address) Jefferson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wesley Beckwith