

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

Do not use this space.

**14997**

**1. PLACE OF DEATH**

County Monticau  
Township Harrison  
City ..... (No. ....) St. ..... Ward .....

Registration District No. 576  
Primary Registration District No. 5773

File No. ....  
Registered No. 3

**2. FULL NAME**

Lon McBeom

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 25 - 1894</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>9</u>	DAYS <u>18</u>
IF LESS than 1 day, .... hrs. or .... min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co.

10. NAME OF FATHER Wm McBeom

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co.

12. MAIDEN NAME OF MOTHER Lucenia Jordan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co.

14. INFORMANT Mrs Lon McBeom  
(Address) High Point Mo

15. FILED May 10 1931 Dr. J. B. Fiske REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1931

17. I HEREBY CERTIFY, That I attended deceased from April 12 to April 12, 1931, that I last saw him alive on April 12, 1931, and that death occurred, on the date stated above, at 108 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Double Pneumonia

108 (duration) yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? test of lungs  
(Signed) H E Blacketer, M. D.  
, 19 (Address) Versailles Mo. R.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Woodman Cem High Point Mo 4/14 1931

20. UNDERTAKER ADDRESS  
Willeams & Fred meyer California

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1931

