

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20425

1 PLACE OF DEATH

County JacksonTownship JacksonVillage JacksonCity Jackson MoRegistration District No. 301File No. 20425Primary Registration District No. 1000Registered No. 1000(NO. 1306 Bellefontaine St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jacob R. Beckley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wht 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)6 DATE OF BIRTH Aug 4th 1867
(Month) (Day) (Year)7 AGE 49 yrs 10 mos 22 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Base Ball Player
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 1319 BIRTHPLACE (City or town, State or foreign country) Hannibal Mo.10 NAME OF FATHER Bernhardt Beckley11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn.12 MAIDEN NAME OF MOTHER ms Keth13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jacob Beckley(Address) 1306 Bellefontaine15 Filed 1918Registrar J. F. O'Donnell & Co

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 26, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from April 3, 1918, to June 24, 1918, that I last saw him alive on June 24, 1918, and that death occurred, on the date stated above, at 7:45 a.m.The CAUSE OF DEATH* was as follows:
Valvular Heart Disease
(Mitral Regurgitation)
one (Duration) yrs. mos. ds.CONTRIBUTORY Chol. Intestinal nephritis
(Secondary) (Duration) yrs. mos. ds.(Signed) A. H. Greene M. D.June 25, 1918 (Address) 15 Prospect

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence 1306 Bellefontaine St19 PLACE OF BURIAL OR REMOVAL Hannibal Mo DATE OF BURIAL 6/27, 191820 UNDERTAKER J. F. O'Donnell & Co ADDRESS 1109 Broadway