

State important.

1 PLACE OF DEATH

County *Jackson*
Township *Staw*
or
Village
or
City *Kansas City* (NO. *1002* St. *Ward*)

M 624

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

399
Registration District No. *1002* File No. *37780*
Registered No. *5507*

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

2 FULL NAME *Marree Beal*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Fe* 4 COLOR OR RACE *Wh* 5 SINGLE MARRIED WIDOWED OR DIVORCED *Babe*
(Write the word)
6 DATE OF BIRTH *Sept 20th 1916*
(Month) (Day) (Year)
7 AGE *0* yrs. *2* mos. *2* ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work *None*
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
City or town, State or foreign country *Kansas City Mo*

10 NAME OF FATHER *J. B. Beal*

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) *Mo*

12 MAIDEN NAME OF MOTHER *Elie L Maize*

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) *Mo*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *J. B. Beal*
(Address) *4917 Wyandotte*

18 NOV 23 1916
Filed *Nov 23 1916* 191
Registrar *Jan J. Mulvey*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *11-24-16*
(Month) (Day) (Year) 191

17 I HEREBY CERTIFY, that I attended deceased from *11-23-16* 191 to *11-24-16* 191
that I last saw *her* alive on *11-24-16* 191
and that death occurred, on the date stated above, at *1 P.* m.

The CAUSE OF DEATH* was as follows:
Meningitis
158
(Duration) *1* yrs. *1* mos. *1* ds.

CONTRIBUTORY (Secondary)
(Duration) *1* yrs. *1* mos. *1* ds.
(Signed) *Leshie B. Miller* M. D.
11-24-16 191 (Address) *423 Altman*

*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 *1* yrs. *1* mos. *1* ds. In the State *2* yrs. *2* mos. *2* ds.

Where was disease contracted if not at place of death?
Former or usual residence *4917 Wyandotte*

19 PLACE OF BURIAL OR REMOVAL *Forest Hill* DATE OF BURIAL *Nov 26 1916*

20 UNDERTAKER *Mrs C L Forster* ADDRESS *918 Brooklyn*

RECEIVED

Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health
Association.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

LESLIE B. MILLER, M. D.

Suite 423 Altman Bldg.

U. S. Reg. No. 658

Office Hours 3 to 5 p. m.

Office Phones Home Main 626; Bell Grand 626; Res. Phone Home South 4134

R

For

Date

1-24-17

Patent was at hospital one day
only. Possibly unsuitable findings
as cause for Marasmus but
do not feel like making a
change on the certificate
Leslie B. Miller

1003 Grand Avenue
Lathrop Bldg.
Both Phones Main 266
KANSAS CITY, MO.



TWO DRUG STORES

HUDNER BROTHERS

1501 Grand Avenue
Bell Phone 3250 G.
Home 3250 & 3251 M.
OPEN ALL NIGHT

37780

RECEIVED
NOV 10 1934
30A
NOV 10 1934

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Township

Village

City

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

Registration District No. 399

File No.

Primary Registration District No. 1002

Registered No. 3867

(NO

St.

Ward)

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

2 FULL NAME

Marner Beal

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

6 BIRTH Nov 11 1891
(Month) (Day) (Year)

7 If LESS than 1 day... hrs. or... min.?

8 OCCUPATION

9 General nature of industry, or establishment in which employed (or employer)

10 PLACE OF BIRTH (City or town, State or foreign country)

11 BIRTHPLACE OF FATHER (City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11/24/1916
(Month) (Day) (Year)

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that I last saw him alive on 11/24/1916
and that death occurred, on the date stated above, at 11/24/1916 m.

The CAUSE OF DEATH* was as follows:
Marasmus

(Duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) 1 yrs. 1 mos. 1 ds.

(Signed) 423 Altman M. D.

(Address) 423 Altman

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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

15 Filed Nov 24 1916

Registrar

Original file, date NOV 24 1916

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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37780
Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or inter-current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)