

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

Do not use this space.

20752

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
City St. Joseph, Hospital

File No.....
Registered No. 682
St. Ward)

2. FULL NAME Alice Beaufort

(a) Residence No. I613 South 11th Street St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

Henry Beaufort

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 1. 1860.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Household

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison,
(STATE OR COUNTRY) Wisconsin.

PARENTS

10. NAME OF FATHER Michael Handley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

14. INFORMANT Henry Beaufort
(Address) I613 South 11th Street

15. FILED 5 1927
John H. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3. 19 27.

17. I HEREBY CERTIFY, That I attended deceased from June 3. 1927. to July 3. 1927. that I last saw h. ex. alive on July 27 1927. and that death occurred, on the date stated above, at 9/45a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
90B
Ch. Rheumatism

CONTRIBUTORY (SECONDARY) Ch. Rheumatism
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical Test
(Signed) James Thomas, M. D.

July 3, 1927 (Address) Diamond Bed

*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 Mount Olivet Cemetery DATE OF BURIAL July 5 19 27

20. UNDERTAKER H.R. Schenckler ADDRESS 1802 Union Str

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

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