SEP 26 1927

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

Do not use this space.

23713

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 23713
Township — Primary Registration District No. 1001 — Registered No. 778
City St. Joseph, Mo. (No. Noyes Hospital St. Ward)

2. FULL NAME Jessie Beaver
(a) Residence. No. 1509 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 5 yrs. 0 mos. 0 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: Thomas Beaver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1890

7. AGE: Years 37 — Months 1 — Days 29 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bethany,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William Basham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Maggie Swartz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mr. Thomas Beaver,
(Address) 1509 South 11th Street

15. FILED 1927 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 3, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 29, 1927, to Aug 3, 1927, that I last saw her alive on Aug 3, 1927, and that death occurred, on the date stated above, at 8:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Infective Pelvic Celulitis superimposed upon a Chronic Oophoritis and Salpyngitis Non Puerperal (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Oophoritis and Salpyngitis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 138
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gordon D. Wright M. D
, 19 (Address) 845 So 11 St. Joseph Mo

*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: Memorial Park — DATE OF BURIAL: Aug. 5, 1927

20. UNDERTAKER: Fleeman-Faris — ADDRESS: 1208 Francis

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.