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

Do not use this space.

9269

File No. 1
Registered No. 1

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Raw — Primary Registration District No. 1002
City: Kansas City Mo. (No.) 2929 Main St. Willow Ward.

2. FULL NAME: Daisy Beel
(a) Residence. No. 2929 Main St. Willow. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred — yrs. 3 mos. 17 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): Babe

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 9, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	—	3	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Ida E. Beel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Minnesota.

14. INFORMANT: A. W. Lemley R.N.
(Address): 2929 Main St.

15. FILED: 3/30, 1928 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1928, to Mar 25, 1928 that I last saw h. c. r. alive on Mar 25, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Hypothyroidism
(b) 158
(duration) yrs. — congenital mos. ds.

CONTRIBUTORY (SECONDARY): Malnutrition
(duration) yrs. 3 mos. 19 ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)? Home
DID AN OPERATION PRECEDE DEATH? No
DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) H. Kemp M.D.
3/26, 1928 (Address) 14 Medical Arts Bldg

*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: Maple Hill — DATE OF BURIAL: Mar 31 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

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.

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