

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

Do not use this space.

13186

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Laura Primary Registration District No. _____ Registered No. 508
 City Kansas City (No. Research Hspt) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Armstrong No.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Lettie Beach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1885

7. AGE: YEARS 43 MONTHS 2 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Armstrong Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER H. F. Beach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Loretta Markle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Lettie Beach
 (Address) Armstrong Mo.

15. FILED 4/3 1928 M. M. Levine
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1928

17. I HEREBY CERTIFY That I attended [Signature] from 3-29, 1928, to 4/3/28, 1928, that I last saw him alive on 4/3/28, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforated Gastric Ulcer
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Gastric Ulcer
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHEN WAS DISEASE CONTRACTED _____
 (IF NOT AT PLACE OF DEATH) _____

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) G. Montgomery M. D.
 (Address) 1111 Risato 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 Armstrong Mo. DATE OF BURIAL April 3 1928

20. UNDERTAKER U. M. Newcomer's Sons ADDRESS K. C. Mo.

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.

THIS IS A PERMANENT RECORD

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Vic. 3890

1:30 - 4.