

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township KAW
City KANSAS CITY (No. 3011 DUNHAM)

Registration District No. 399
Primary Registration District No. 1002

File No. 13201
Registered No. 13201
St. _____ Ward _____

2. FULL NAME ELIZABETH BEECH

(a) Residence No. 3011 DUNHAM St. 11 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (insert the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 30 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 3

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) OHIO
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER PHILLIP KLEIN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER MARY MYERLY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

14. INFORMANT DAUGHTER (MRS E LEWIS)
(Address) 3011 DUNHAM

15. FILED 4/4 28 m.m. Cramer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Apr 1 1928 to Apr 3 1928 that I last saw him alive on Apr 2 1928, and that death occurred, on the date stated above, at 8:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Later pneumonia
10/10/28 (duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY) _____ (duration) yrs. mos. da.

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? Clinical

(Signed) J. H. Evans, M. D.
4/4, 1928 (Address) 804 Argyle

*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 WALNUT, KANSAS DATE OF BURIAL 4-5 19

20. UNDERTAKER H. C. BERGMAN ADDRESS KC 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.

RECORDS—THIS IS A PERMANENT RECORD

Uic 3277

Dr Fred Evans
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