

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 13558
 Township Kaw Primary Registration District No. 1002 Registered No. 1893
 City Kansas City (No. 72 Park Road) St. _____ Ward _____

2. FULL NAME

Samuel Murphy Beggs
 (a) Residence. No. 72 Park Road St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 1860

7. AGE. YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min.

68 | 3 | 16

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Wark Beggs

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

12. MAIDEN NAME OF MOTHER Washington

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

14. INFORMANT J. H. Beggs (Address) 72 Park Road

15. FILED 4/27 28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1928, to Apr 25, 1928.
 that I last saw h. alive on Apr 16, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
90A 89
 (duration) yrs. 2 mos. ds.
 CONTRIBUTORY (SECONDARY) Arterio Sclerosis (duration) yrs. 20 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Physician examination
 (Signed) H. B. Miller, M. D.

Apr 26, 1928 (Address) 9200 1/2 E. 11th St

*State the DISEASE CAUSING DEATH, or if 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 Forest Hill DATE OF BURIAL April 27 1928

20. UNDERTAKER D. H. Newcomer's Sons ADDRESS 2111 E. 9th St.

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

M. 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.

920 Argyle Bldg.

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