

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

Do not use this space.

OCT 26 1928

30358

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. _____) St. _____ Ward _____

2. FULL NAME Jane Beebe
 (a) Residence No. 101 S. Park St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Elwood G. Beebe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 30, 1857

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, _____ hrs. or _____ min.
71 | 5 | 28

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-28-1928

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw her alive on 9/14/28, _____ 19____, and that death occurred, on the date stated above, at _____ 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac arrest of heart

446 (duration) 1 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Boak

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

12. MAIDEN NAME OF MOTHER Eliza Moore

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

14. INFORMANT Bertha Alexander (Address) 1419 N. Walnut

15. FILED Oct 1, 1928 F. L. Cook REGISTRAR

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? _____

WHAT TEST CONFIRMED DIAGNOSIS? Wound
 (Signed) W. H. Alexander, M. D.
9/29, 1928 (Address) Independence, 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 Mound Grove DATE OF BURIAL 9-30-1928

20. UNDERTAKER J. L. Latta, 214 N. Spring ADDRESS Independence, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 08-14-2001 BY SP-6 JRS/STW

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