28 1928

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

Do not use this space.

37396

1. PLACE OF DEATH
County LAFAYETTE — Registration District No. 460 — File No.
Township DOVER — Primary Registration District No. 4274 — Registered No. 90
City HIGGINSVILLE. (No. ..... St. ..... Ward)

2. FULL NAME MRS. ELEANORA BEATIE KUHNE
(a) Residence. No. ..... St., ... Ward. .....
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MARCH*24-64

7. AGE — YEARS: 64-7-15- yrs mos days — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) HIGGINSVILLE. MO.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER WM.C BEATIE
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) VERGINA
12. MAIDEN NAME OF MOTHER EVALINE CARTER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) TENNESEE

14. INFORMANT H E Kuhne By A E Hoefer
(Address) HIGGINSVILLE. MO.

15. FILED 11-11, 1928 Bessie A Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV*9th*1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 9, 1928, that I last saw her alive on Nov 8, 1928, and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Following Gall bladder operation
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? — Sept 6 1928
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Oct 16-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) W A Brackleen, M. D
, 19 (Address) Higginsville

*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: CITY. CEMETERY? H*VILLE — DATE OF BURIAL: 11-11-1928

20. UNDERTAKER: Hoefer & Meunishoger — ADDRESS: H-ville