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

Do not use this space.

1476

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 63
Township Kaw — Primary Registration District No. 1902 — Registered No.
City Kansas City Mo (No. 222 East 35th St., Ward)

2. FULL NAME David J Beardsley
(a) Residence. No. 222 East 35 St., 5 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): W
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 22 1838
7. AGE: Years 90, Months 5, Days 14. If LESS than 1 day, ...hrs. or ......min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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) Ohio

PARENTS
10. NAME OF FATHER: Obed H Beardslee
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson Co
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER: L Bailey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT: Mrs R H Sterling
(Address) 222 East 35th St
15. FILED Jan 7, 1929 M M Crowe, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6 1929
17. I HEREBY CERTIFY, That I attended deceased from 1-1, 1928, to 1-6, 1928, that I last saw h... alive on 1-6 1928, and that death occurred, on the date stated above, at 7 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
(duration) ......yrs. ......mos. 6 ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) ......yrs. ......mos. ......ds.

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? Symptoms
(Signed) C Baidy, M. D.
1-7, 1928 (Address) Rosedale Kan

*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: Lowry City Mo — DATE OF BURIAL 1/8 1929
20. UNDERTAKER: D W Newcomer — ADDRESS 1215 East 15

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

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.