

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

Do not use this space.

27210-A

1. PLACE OF DEATH

County Cass

Registration District No. 154

File No. _____

Township _____

Primary Registration District No. 4088

Registered No. _____

City Garden City (No. _____) (Ward _____)

2. FULL NAME

Telitha Ann Beamer

(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 85 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

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) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1929

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

17. I HEREBY CERTIFY That I attended deceased from Dec 1st, 1928, to Aug 22, 1929 that I last saw him alive on Aug 22, 1929, and that death occurred, on the date stated above, at 6:30 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 - 1844

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 7 16

Cerebrom of Liver
4333 (duration) 1 yrs. mos. da.

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

CONTRIBUTORY (SECONDARY) 4412 (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: X

10. NAME OF FATHER Jack Adams

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

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

WAS THERE AN AUTOPSY? NO

12. MAIDEN NAME OF MOTHER Polly Naylor

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings blood test (Signed) Frank B Ellis, M. D. , 19 (Address) Garden City Mo

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

*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.

14. INFORMANT John A. Beamer (Address) Corder Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Garden City Cemetery DATE OF BURIAL Aug 23 1929

15. FILED Aug 22 - 1929 Frank B Ellis REGISTRAR

20. UNDERTAKER T. W. Goodman ADDRESS Holden 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. 27210-1335-1-2

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