

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

Do not use this space.

31014

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

No. St. Luke's Hosp (Ward)

File No. 4039

Registered No. 4039

2. FULL NAME

Marguerite Marie Belgood

(a) Residence. No. 527 Ward Parkway Ward. 8

(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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 0 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cassville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ernest E. Bedgood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Dell Potts

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

14. INFORMANT Orville W. Anderson
(Address) 527 Ward Parkway

15. FILED 9/27, 1929 m.m. Crowl REGISTRAR
Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1929 to Sept 26 1929
that I last saw him alive on Sept 26 11:45 P.M. 1929, and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Structure of Esophagus -
11:45 P.M. (duration) yrs. mos. ds. 1

CONTRIBUTORY (SECONDARY) Fluid in mediastinum
(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED 11:45 P.M.
IF NOT AT PLACE OF DEATH Esophagus

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 26

19. WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Chn. symptoms

(Signed) Ugo W. Crowl M. D.
9/27, 1929 (Address) 400 Kansas City

*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 Mt. Washington DATE OF BURIAL Sept 28 1929

20. UNDERTAKER A. A. Newcomer's ADDRESS Southeast Mo.

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

MARGIN RESERVED FOR BINDING

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.

No. 2.

Rev. J. McCarley.

Seaside, Ore.

March 1.

11-1-2-4.