

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

Do not use this space.

8638

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 215 West 62nd)

Registration District No. 399
Primary Registration District No. 215 West 62nd

File No. _____
Registered No. 1014
St. _____ Ward)

2. FULL NAME

Miss Betty M. Fields
(a) Residence No. 215 W 62nd St., 8 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 18, 1856</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>0</u>	<u>16</u>	

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) Louisville
(STATE OR COUNTRY) Ky.

PARENTS	10. NAME OF FATHER <u>William Beardstoun</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Beardstoun</u>
	(STATE OR COUNTRY) <u>Ky</u>
	12. MAIDEN NAME OF MOTHER <u>Julia Sanders</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Louisville</u>	
(STATE OR COUNTRY) <u>Ky</u>	

14. INFORMANT Mrs W.J. Campbell
(Address) 215 W 62nd

15. FILED 3/6, 19 30 M. M. Grave
REGISTRAR Arer

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-4-1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 28 1930, to Mar 4th 1930 that I last saw her alive on Mar 4th 1930 and that death occurred, on the date stated above, at 11-40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
hypertensive for years
5 yrs (duration) yrs. mos. 5 ds.
CONTRIBUTORY Terminal Pneumonia
(SECONDARY) Broncho (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED not at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. J. Strimble, M. D.
3/5, 19 30 (Address) 929 Platte Bldg

*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 Lee Summit DATE OF BURIAL 3/6 1930

20. UNDERTAKER W. Mast ADDRESS 1915 East 15

K. 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.

THIS IS A PERMANENT RECORD

to

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