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

Do not use this space.

9018

File No. 1100

Registered No.

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: K.C. Mo. (No. Union Yard Cattle Yards St. Ward)

Registration District No.: 29

Primary Registration District No.: 5

2. FULL NAME Beulah Bunstead Silvius

(a) Residence. No. Drexel Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	Wh.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33.	8	25	

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

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

PARENTS

10. NAME OF FATHER George Bunstead
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plattsburg
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lora Alice Porter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Plattsburg
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Maude B. Porter
(Address) 3409 Campbell Ave. K.C. Mo

15. FILED 3/30, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1930, to Mar 30, 1930 that I last saw h. alive on Mar 29, 1930 and that death occurred, on the date stated above, at 12:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis (of Mitral + Aortic)

1 SOA

11 SA (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Septic throat infection tonsils + throat (duration) yrs. mos. 25 ds.

Normal full term delivery 3-29-30

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. G. Sheldon, M. D.

3-30, 1930 (Address) Boy Campbell

*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 Adrian, Mo. DATE OF BURIAL March 31 1930

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K.C. Mo

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.

Dr. Sheldon
604 Commerce Vi. 4175
2915 Victor Li. 2438
Gr. 2082