

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

Do not use this space.

OCT 28 1930

29204

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. 1056

2. FULL NAME Beverly Ann Doldt
 (a) Residence. No. 3033 Lafayette Street St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Harry J. Doldt
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Denver
 (STATE OR COUNTRY) Colo.
 12. MAIDEN NAME OF MOTHER Irene E. Peoples
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polo
 (STATE OR COUNTRY) Missouri.

14. INFORMANT Harry J. Doldt
 (Address) 3033 Lafayette St., - St. Joseph Mo.

15. FILED John G. [Signature] REGISTRAR
SEP 24 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1930, to Apr 23, 1930, that I last saw h. OK alive on Apr 23, 1930, and that death occurred, on the date stated above, at 5/30 A m.

17. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrhea & Enteritis
(over 3 yrs)
 _____ (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Food poisoning
 _____ (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 3033 Lafayette
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Dr. [Signature] M. D.
Sept. 23, 30 (Address) Lincoln 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 Mt. Olivet Cemetery DATE OF BURIAL Sept. 25 19 30

20. UNDERTAKER H. O. [Signature] ADDRESS 1802 Union St.

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.

