

DEC 22 1930

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

Do not use this space.

36032

1. PLACE OF DEATH

County Jackson  
Township Boon  
City Independence

Registration District No. 398  
Primary Registration District No. 5554  
(No. 1712 Waukegan)

File No. \_\_\_\_\_  
Registered No. 341  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John Thomas Beebe  
(a) Residence No. 1712 Waukegan St. Independence

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar - 5 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 8 4

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

10. NAME OF FATHER John Beebe

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

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT (Address) Daniel W. Beebe  
1712 Waukegan, Av

15. FILED 11-10-30 J. L. Cook REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 9 1930

17. I HEREBY CERTIFY, That I attended deceased from 11.1.1930 to 11.9.1930 that I last saw him alive on 11.9.1930, and that death occurred, on the date stated above, at 2 pm m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis Chronic  
131  
1930  
1930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis, nephritis  
Senility (duration) 6 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF OPERATION

WHAT TEST CONFIRMED DIAGNOSIS (Signed) George W. Pail, M. D.

11-10-1930 (Address) 1103 W. Union Rd. Independence, Mo.

\*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 DATE OF BURIAL  
Wm. Washington Nov. 10 1930

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

