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

Do not use this space.

28411

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 102
City Kansas City (No. Research Hosp. St. Ward)

File No.
Registered No. 3539

2. FULL NAME Amelia Goldbeck
(a) Residence. No. 1827 East 48 St. St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17, 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
52	7	3	

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)
(STATE OR COUNTRY) Denmark

PARENTS
10. NAME OF FATHER Swinningsen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Denmark
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Denmark

14. INFORMANT Martin Goldbeck
(Address) 1827 East 48

15. FILED 8/21, 19 31 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1931

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931, to Aug 20, 1931, that I last saw her alive on Aug 20, 19..., and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malignant Hypertension
131
102
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis, Chronic
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Physical
(Signed) Laurence Davis, M. D.
8/21, 1931 (Address) 1024 Professional

*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
Forest Hill Cemetery	Aug 22 1931
20. UNDERTAKER	ADDRESS
Wagner Funeral Home 204	W. Linwood

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.

WRITE PLAINLY, WITH UNFADING INK

Professionals 16 4:0

Gr. 2872