

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. St. Josephs Hosp., 9th & Powell St. 212 Ward)

2. FULL NAME

(a) Residence, No. Sabatha Kansas St. Sabatha Kansas Ward.

(Usual place of abode)

(If nonresident, give city of town and State)

Length of residence in city or town where death occurred

yrs.

mos. 28 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Joseph C. Beschliman

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

Nov 26 1879

7. AGE

YEARS

52

MONTHS

8

DAYS

7

If LESS than 1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home 235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Kansas

FATHER

13. NAME

M. H. Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Illinois

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Penn.

17. INFORMANT (ADDRESS)

Joseph C. Beschliman St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sabatha, Kan.

DATE

March 5, 1932

19. UNDERTAKER (ADDRESS)

Berman Funeral Home, Inc. St. Joseph, Mo.

20. FILED

3-3-32

John K. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Mar 3 1932

22. I HEREBY CERTIFY, That I attended deceased from

Feb 4 1932, to March 3 1932

I last saw her alive on Mar 3 1932 Death is said

to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Date of onset

Mar

Other contributory causes of importance:

Fracture of spine

" ribs

Solar pneumonia

None

Name of operation

Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-4-1932

Where did injury occur? Doniphan County, Kansas

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place

unable to get further details of accident

Manner of injury Automobile accident

Nature of injury on highway

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Paul Gorgoraz

M. D.

(Address) St. Joseph, Mo.

