

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.

16100

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City K.C. (No. K.C. General Hosp.)

File No. 1891
Registered No. 1891 St. _____ Ward _____

2. FULL NAME

Josephine Metcalf Beebe
(a) Residence, No. 2707 Hunt St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 8 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress 247
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & G. Restaurant
10. Date deceased last worked at this occupation (month and year) May 1 - 1931 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utah
13. NAME Wm R Metcalf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon
15. MAIDEN NAME Emma Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

17. INFORMANT (ADDRESS) Wm R Metcalf 2124 So 9th East Salt Lake City
18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Lake City Utah DATE May 10 1931
19. UNDERTAKER (ADDRESS) Earl Taylor Funeral Home 1100 E. 12th
20. FILED May 10 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th. 1932
22. HEREBY CERTIFY, That I attended deceased from Opely Brown 1931 to 1932
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Gen Peritonitis
129 140
Other contributory causes of importance:
Septic abortion
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Opely M. Brown, M. D.
(Address) 129 140

