WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

22805

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2714

City Kansas City (No. 5313 Charlotte St. Ward)

2. FULL NAME Mrs. Mary L. Beaver

(a) Residence, No. 5313 Charlotte St., 6 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.M. Beaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th. 1870

7. AGE: YEARS 62 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 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) Ind. 2

FATHER

13. NAME L.B. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data 31

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) H.M. Beaver 5313 Charlotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Olathe, Ks. DATE July 14 1932

19. UNDERTAKER (ADDRESS) W.F. Mayberry City

20. FILED July 12, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 to July 12, 1932

I last saw her alive on July 11, 1932 Death is said to have occurred on the date stated above, at 3.10 Am.

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

Date of onset

Cerebral Hemorrhage July 9-32

131

82A

97

Other contributory causes of importance:

Arteriosclerosis x

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? 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) John O. Skinner M.D.

(Address) 1402 Bryant K. Ohio