

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4549 Roanoke Parkway)

Registration District No. 399
Primary Registration District No. 1002

File No. 39601
Registered No. 4604 St. _____ Ward _____

2. FULL NAME

Lucy Evelyn Beery
(a) Residence. No. 4549 Roanoke Parkway St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
MARRIAGE OF (OR) WIFE OF A. Farmer Beery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 11 7

8. OCCUPATION OF DECEASED MANAGER DRESSMAKING DEPT. (RETIRED)
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer EMERY BIRD THAYER

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

10. NAME OF FATHER William G. Beatty

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

12. MAIDEN NAME OF MOTHER Miriam Crichtfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

14. INFORMANT A. Farmer Beery
(Address) 4549 Roanoke Parkway

15. FILED Dec 6, 32 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-5-1932

17. I HEREBY CERTIFY, That I attended deceased from 12-2-1932, to 12-5-1932, that I last saw her alive on 12-5-1932, and that death occurred, on the date stated above, at 6:26 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

acute lobar pneumonia
108
1936 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) acute edema lungs
chronic myocarditis (duration) yrs. mos. 2 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? Physical findings
(Signed) [Signature] M. D.

12-5, 1932 (Address) K.C.

*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 Forest Hill cemetery DATE OF BURIAL Dec. 7 1932

20. UNDERTAKER D. W. Newcomer's Sons ADDRESS K.C. Mo.

WRITE FULLY, 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.

