15-298

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

Do not use this space.

5788

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. 1002 — Registered No. 740

City Kansas City Mo (No. 3412, Euclid St. Ward)

2. FULL NAME Beverly Ann Marek

(a) Residence, No. 3412 Euclid St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1931

7. AGE Years 1 Months 11 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 110

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child 10

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) Kansas City Mo

FATHER

13. NAME Earl H. Marek

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

MOTHER

15. MAIDEN NAME Delma Holder

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

17. INFORMANT (ADDRESS) Earl H. Marek 3412 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Tonsk Hill DATE 2/15, 1933

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. #3146 Main St

20. FILED 2-14, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1933, to Feb 13, 1933

I last saw her alive on Feb 12, 1933. Death is said to have occurred on the date stated above, at 3 40 a.m.

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

Confluent bronchial pneumonia, left and right lower lobes, principally right, probably streptococcus

Date of onset Jan 28

Other contributory causes of importance:

right - empyema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Hubert L Mantz, M. D.

(Address) 814 Medical Arts

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.

Dr Mantz
Medical Arv. Bedy Va 5800