

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

Do not use this space.

1150

1. PLACE OF DEATH

County Jackson Registration District No. 3002
 Township Kew Primary Registration District No. 3002
 City Kansas City (No. 3950 Wyandotte) St. _____ Ward _____

File No. 117
 Registered No. _____

2. FULL NAME Miss Mary F. Beach

(a) Residence, No. 3950 Wyandotte St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) April 18, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	56	8	21	

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

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

10. Data 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) Missouri

13. NAME Napoleon Beach

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

15. MAIDEN NAME Nellie Tracy

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

17. INFORMANT Mrs. Nellie Beach
 (ADDRESS) 3950 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Lees Summit, Mo. DATE 1-11-34

19. UNDERTAKER Freeman Mortuary
 (ADDRESS) Kansas City, Mo.

20. FILED Jan 10, 1934 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Jan 9, 1934.
 I last saw h. l. alive on Dec 24, 1933. Death is said to have occurred on the date stated above, at 3:30 P.

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

Carcinomatosis of left chest
503 E 50
 Other contributory causes of importance: Carcinomatosis of left breast

Name of operation Radical left breast amputation
 What test confirmed diagnosis? Path. exp. Was there an autopsy? No

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) Eugene P. Hamilton M. D.
 (Address) 622 Argyle

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.

1934

251

Dr. E. J. ...
Original ...

100 to 300