

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.

MAR 24 1934

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township St. Joseph Primary Registration District No. 1001  
City (No. Missouri Meth. Hospit. St. Ward)

File No. 4060  
Registered No. 227

2. FULL NAME Sam De Beque

(a) Residence, No. So. 11th St. No. 1000 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 Male  
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 Minnie De Beque  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63 81 25

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.  
13. NAME William DeBeque  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Belgium  
15. MAIDEN NAME Anna M. Treadwell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England  
17. INFORMANT Mrs. C. L. Brown (ADDRESS) 1240 Hardy St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Feb. 26, 1934  
Odd Fellows Cem.

19. UNDERTAKER (ADDRESS) Fred W. Clark 2022 King Hill Ave.

20. FILED 2-26-1934 John B. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1934, to Feb. 24, 1934, to

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 7:45 A. M.

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

Hemorrhage & shock following being struck by auto automobile Pedestrian  
2101M

Date of onset

Other contributory causes of importance:

Struck by an automobile

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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 Feb. 24, 1934

Where did injury occur? St. Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by automobile

Nature of injury Shock & hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) James Thomas Coover, M. D.

(Address) 781. Jackson

