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

Do not use this space.

12917

MAY 25 1934

1. PLACE OF DEATH
County Jackson — Registration District No. 308 — File No.
Township Kaw — Primary Registration District No. 3002 — Registered No. 1368
City K. C. Mo. (No. 3809-E-18th. Terrace St. Ward)

2. FULL NAME Beaumont Biddle
(a) Residence, No. 3809 E-18th Terrace 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: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Retta C. Biddle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-28 1869

7. AGE: YEARS 64 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

FATHER
13. NAME David Biddle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER
15. MAIDEN NAME Hannah Spanogle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs Retta C. Biddle 3809-E-18th Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sni Mills Cemetery DATE Apr-14-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Avenue

20. FILED Apr. 13, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 27, 1934, to Apr 12, 1934
I last saw him alive on Apr 11, 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Acute Dilatation)	Mar 27 '34
Other contributory causes of importance:	
Arterio Sclerosis	1926

Name of operation no Date of
What test confirmed diagnosis Physical Signs 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? no
If so, specify
(Signed) Drew S. Rising, M. D.
(Address) 602 Argyle Bldg

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.

[illegible]
[illegible]