

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph, Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

File No. 15780
 Registered No. 531

2. FULL NAME Helen Hayden Beaumont,

(a) Residence, No. 2943 June 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. 4 mos. 0 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) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eaney J. Beaumont Jr. | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1899 | | |
| 7. AGE | YEARS | MONTHS |
| | 34 | 8 |
| | | DAYS |
| | | 3 |
| | | IF LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping, | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home, | | |
| 10. Date deceased last worked at this occupation (month and year) Apr. 1934 | | 11. Total time (years) spent in this occupation 10 |

12. BIRTHPLACE (CITY OR TOWN) **Vicksburg,**
 (STATE OR COUNTRY) **Mississippi,**

13. NAME **George Hayden,**

14. BIRTHPLACE (CITY OR TOWN) **Boone County,**
 (STATE OR COUNTRY) **Missouri.**

15. MAIDEN NAME **Eugenia Harris,**

16. BIRTHPLACE (CITY OR TOWN) **Shelbyville,**
 (STATE OR COUNTRY) **Kentucky,**

17. INFORMANT **J. J. Beaumont**
 (ADDRESS) **2619 Edmond Street,**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Mount Mora Cem,** DATE **May 4th,** 1934

19. UNDERTAKER **Heater-K-Hole-Beaumont**
 (ADDRESS) **319 So. 10th St.,**

20. FILED **5-3-** 19 **34** **John R. Bender**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/24/34 1934 to 5/3/34 1934.
 I last saw her alive on 5/3/34 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

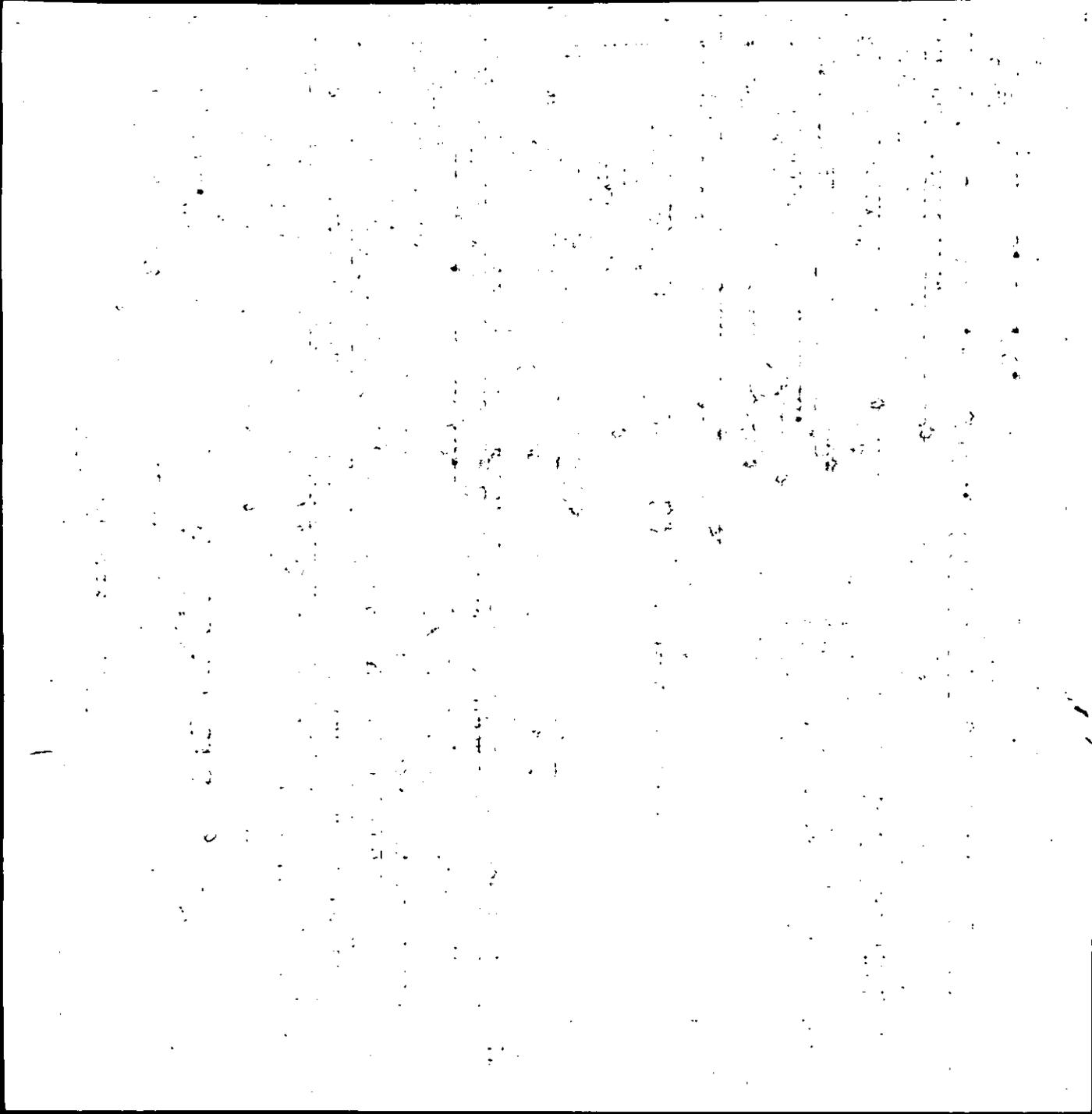
Broncho Pneumonia Date of onset 4/28/34
10/17/34
 Other contributory causes of importance:
none

Name of operation none Date of
 What test confirmed diagnosis? Phys. Exam. 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? Yes
 If so, specify
 (Signed) W. H. Mallick M. D.
 (Address) 301 7 8 St. Joseph Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 85 File No.
 Township..... Primary Registration District No. 1001 Registered No. 531
 City..... (No. Mo. Meth. Wd.) St. Ward)

2. FULL NAME

Helen Hayden Beaumont

(a) Residence, No. 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bunk, 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 5-28-1934 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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

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

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), M. D.

(Address)

SUPPLEMENTARY

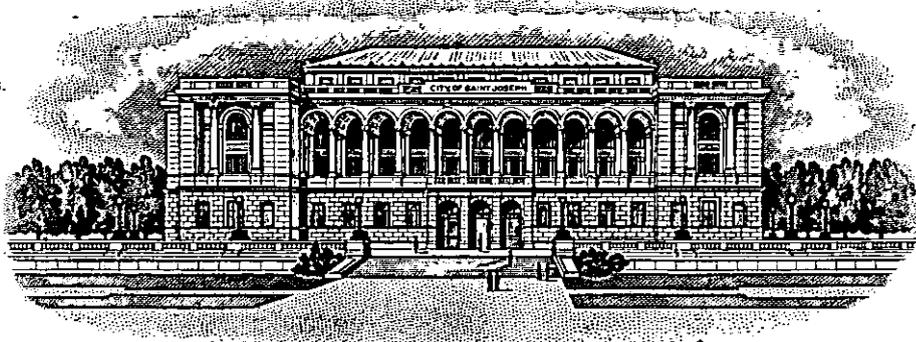
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-15780

HEALTH DEPARTMENT

MAN, PRESIDENT
PERSON, VICE-PRES.

GEORGE COCKBURN, MEMBER
DR. A. J. SMITH, HEALTH OFFICER



CITY OF SAINT JOSEPH

SAINT JOSEPH, MISSOURI

State of Missouri
SS
County of Buchanan.

I, John W. Beaumont, being duly sworn on my oath state that there was an error in giving the birth record of Helen Hayden Beaumont, in that the death certificate read--date of birth--"August 30th, 1899; age 34 years; 8 mos. 3 days". Helen Hayden Beaumont's correct date of birth is--"August 30th, 1900; age 33 years; 8 mos. 3 days". That this record is taken from the family bible; that the information contained in the supplementary birth certificate is true to the best of my knowledge and belief.

That Helen Hayden Beaumont was born August 30th, 1900.

John W. Beaumont

Subscribed and sworn to before me, a Notary Public, within and for the county and state aforesaid this 29th day of May, 1934.

Nate O. Fetherstonhaugh

Notary Public.

My commission expires July 20th, 1936.

08751-5