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.

JUN 19 1934

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

Do not use this space.

16780

1. PLACE OF DEATH
County JACKSON — Registration District No. 3[illegible] — File No. [illegible]
Township KAW — Primary Registration District No. 1[illegible] — Registered No. [illegible]
City KANSAS CITY (No. 4425, Indiana St. ..... Ward)

2. FULL NAME Daniel A. Bean
(a) Residence, No. 4425 Indiana St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 27 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 Bean
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB-28-1874
7. AGE: YEARS 60 — MONTHS 2 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Partner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B+H Cab Co
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): Illinois

FATHER
13. NAME: Daniel J. Bean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: Nancy Jane Wallace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): Mrs Minnie Bean, 4425 Indiana
18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE MAY-15, 1934
19. UNDERTAKER (ADDRESS): D.W. NEWCOMER'S SONS, 2111 EAST 9TH ST
20. FILED May 15, 1934 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 13, 1934, to May 13, 1934.
I last saw him alive on May 13, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset
Other contributory causes of importance: Coronary Sclerosis
Name of operation: None — Date of .....
What test confirmed diagnosis? Clinical — 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? No
If so, specify .....
(Signed) Carl R. Ferris, M. D.
(Address) 934 Argyle Bldg.