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

Do not use this space.

File No. 24728

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kan City (No. 5945 Charlotte St.)
Registration District No.: 388
Primary Registration District No.:

2. FULL NAME: Esther Beck
(a) Residence, No. 5945 Charlotte 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.

AUG 21 1934

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1 - 1848

7. AGE: Years 86 | Months — | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home.
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): Ohio.

FATHER
13. NAME: Hiris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Berta Hest 5945 - Charlotte St

18. BURIAL, CREMATION, OR REMOVAL PLACE: Fontana, Kas DATE: July 22, 1934

19. UNDERTAKER (ADDRESS): Bergman Funeral Home

20. FILED 7-23-1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1934

22. I HEREBY CERTIFY: That I attended deceased from 7-16, 1934, to 7-22, 1934
I last saw her alive on 7-21, 1934. Death is said to have occurred on the date stated above, at 3.50 a.m.
The principal cause of death and related causes of importance were as follows:

Heat Stroke.
and Uraemia

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) Lee C. Thompson M. D.
(Address) 6002 Cherry St. City

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.

Geo. C. Thompson - Hi 5572
6002 cherry -