

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

Do not use this space.

NOV 9 1934

35319

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City Maxwell Heights (No. Maxwell Heights) St. _____ Ward _____

File No. _____
Registered No. 88

2. FULL NAME

Fannie Frame McBeth

(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 50 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 10, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 4 6

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) Gallatin, Mo.

13. NAME Gabriel C. Keene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

15. MAIDEN NAME Jane Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

17. INFORMANT Mrs. W. G. Luttrell
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery Oct. 6, 1934

19. UNDERTAKER (ADDRESS) Walter Meischoller
1302 Larson St. St. Joseph, Mo.

20. FILED Oct 6 1934 J. J. Bunsick
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1924 to Oct 4 1934

I last saw her alive on Oct 4 1934 Death is said to have occurred on the date stated above, at 12.00 Noon.

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

Arteriosclerosis
Arteriosclerosis general
Diabetes mellitus
Date of onset Oct 4/34

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis: Clinical 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) Clarence A. Gaud, M. D.

(Address) Tootle Bldg. St. Joseph, Mo.

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.

