

FEB 9 1935

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

Do not use this space.

1160

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 130
Township Kew Primary Registration District No. 1002 Registered No. 130
City Kansas City (No. 6 West 53rd St. Terr. St. _____ Ward)

2. FULL NAME Mrs. Clara B. Beville

(a) Residence, No. 6 West 53rd St. Terr. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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*) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 1 22

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, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Covington
(STATE OR COUNTRY) Kentucky13. NAME James F. Jones14. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)17. INFORMANT S. H. Harrelson
(ADDRESS) 1015 Grand Avenue18. BURIAL, CREMATION, OR REMOVAL
PLACE Oklahoma City DATE Jan 5 193519. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street20. FILED Jan 4 1935 M. M. Crone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1934, to Jan 4th 1935.
I last saw him alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 1:15 A.M.
The principal cause of death and related causes of importance were as follows:

General atherosclerosis
Ch. luteo-stippled nephritis
General debility - Hypo-
static pneumonia
Date of onset _____

Other contributory causes of importance: 121Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) Terry O. Kelly, M. D.
(Address) 1022 Conque Alley
Lansing City Mo.

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.

THIS IS A PERMANENT RECORD

