

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.

*Eldridge  
6247 Brookside*

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

Do not use this space.

12825

300

1. PLACE OF DEATH

County *Jackson* Registration District No. *1000*  
Township *Kansas City* Primary Registration District No. *1000*  
City *no* (No. *Mercy Hosp*)

File No. *12825*  
Registered No. *12825*  
St. *Richmond, Mo.* Ward

2. FULL NAME

(a) Residence, No. *Raymond Beavis* St. *Richmond, Mo.* 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 27-1934</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<i>6</i>	<i>27</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-9*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *3-27-35*, 19*35* to *4-9-35*, 19*35*  
I last saw him alive on *4-9-35*, 19*35* Death is said to have occurred on the date stated above, at *11:59 a.m.*

The principal cause of death and related causes of importance were as follows:  
*Bilateral Otitis Media  
Pulmonary tuberculosis  
malnutrition*

Date of onset *3-27-35*  
*4-9-35*

Other contributory causes of importance: *2*

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

13. NAME *John*

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

15. MAIDEN NAME *Maunie*

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

17. INFORMANT (ADDRESS) *John Beavis Richmond, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Richmond, Mo.* DATE *4-10-35*

19. UNDERTAKER (ADDRESS) *G. M. Garner Richmond, Mo.*

20. FILED *4-9* 19*35* *M. M. Crowl, Cash Registrar.*

Name of operation *none* Date of *none*  
What test confirmed diagnosis? *none* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? *none* Date of injury *none*, 19*35*  
Where did injury occur? *none* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*  
Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *none*  
(Signed) *C. Eldridge*  
(Address) *6247 Brookside*

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