

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

Do not use this space.

23258

File No. 3001
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Tracy Primary Registration District No. _____
City Kansas City (No. 4001 E. 68th)

2. FULL NAME

James S. Beardmore

(a) Residence, No. 4001 E. 68th St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Jane Beardmore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potter

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) 1919 11. Total time (years) spent in this occupation 40 1/2

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

MOTHER FATHER 13. NAME William Beardmore

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

MOTHER 15. MAIDEN NAME Catherine Gardner

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

17. INFORMANT (ADDRESS) Harold R. Beardmore

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 7-29 1935

19. UNDERTAKER (ADDRESS) Siddarth Buchanan
6900 Trent Ave

20. FILED July 27 1935 M. M. Croone, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935, to July 27 1935

I last saw him alive on July 23 1935. Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Myocardial failure
Chronic Myocarditis for
several years

Date of onset

Other contributory causes of importance:

General malnutrition
and weakness due to a
long existing neuritis

Name of operation _____ 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? no 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) Allen H. Boyles, M. D.

(Address) 1232 Professional Bldg
H-2-110

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

5815 *Microtus*