

OCT 22 1935

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

Do not use this space.

29570

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 2918 Tracy)

Registration District No. 399
Primary Registration District No. 1002

File No. 02573
Registered No. 02573
St. _____ Ward _____

2. FULL NAME

Sarah Rebecca Beauchamp

(a) Residence, No. 2918 Tracy 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. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 0 8

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) Kentucky13. NAME No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT (ADDRESS) Mrs. Edith Wilder 2918 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Paducah, Ky. DATE Sept 14, 1935

19. UNDERTAKER (ADDRESS) Stiles & McAllister 2233 Tracy20. FILED Sept 16, 1935 M. J. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 193522. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Sept. 7, 1935I last saw her alive on Sept 7, 1935. Death is said to have occurred on the date stated above, at P. m. 11:30

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

Senility
Cardiac Decomposition Florida

Other contributory causes of importance:

Multiple Myeloma for several years

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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) A. W. Swain, M. D.(Address) 402 W. 11th St. St. Louis, 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.

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