DEC 16 1935

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

Do not use this space.

36177

File No. .....

Registered No. .....

1. PLACE OF DEATH

County JACKSON Registration District No. .....

Township ~~T. A. W.~~ Primary Registration District No. .....

City KANSAS CITY (No. 4 WEST 66TH TERRACE St. ..... Ward)

2. FULL NAME MRS TRESSA J. BEARD

(a) Residence, No. 4 W. 66TH TER. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FE

4. COLOR OR RACE: WH

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MAY 3-1862

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1862

7. AGE: YEARS 73 | MONTHS 6 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) KY

FATHER

13. NAME JAS. GILBERT

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

MOTHER

15. MAIDEN NAME Unk ZORNS.

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

17. INFORMANT DR CALVIN A BEARD M.D.
(ADDRESS) 4 WEST 66TH TERRACE

18. BURIAL, CREMATION, OR REMOVAL
PLACE BARTLESVILLE OKLA DATE Nov. 20 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS.
(ADDRESS) K.C. MO

20. FILED Nov. 20 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1935 to Nov. 19 1935
I last saw her alive on Nov. 19 1935. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/19/35

Other contributory causes of importance:

Arteriosclerosis	

Name of operation none Date of .....
What test confirmed diagnosis Physical Exam 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) [illegible], M. D.
(Address) 1303 Walnut Kansas 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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Dr Stipes
Waldheim Bldg.
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