

JAN 29 1935

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

Do not use this space.

39512

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 3718 East 9th Street)

File No. _____
Registered No. 4098
St. _____ Ward _____

2. FULL NAME Mrs. Margaret Beam

(a) Residence, No. 3718 East 9th Street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Beam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29th, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 53 1 7

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

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) Kansas City (STATE OR COUNTRY) No.

13. NAME L. E. Hale

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

15. MAIDEN NAME Sarah Kane

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

17. INFORMANT W. B. Beam (ADDRESS) 3718 East 9th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cem. DATE 12/9/35

19. UNDERTAKER W. F. Mayberry (ADDRESS) City

20. FILED Dec 8 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1935 to Dec 6th 1935. I last saw him alive on Dec 5th 1935. Death is said to have occurred on the date stated above, at 4:15A.M.

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

Chronic Valvular Heart Disease (Rheumatism) Date of onset 1926

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) Paul U. Orville, M. D.
(Address) 1402 Bryant Bldg

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

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.

