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.

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

Do not use this space.

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FEB 19 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 41
City Independence (No. 1610 West Walnut St. Ward)

2. FULL NAME Robert J. Beattie
(a) Residence, No. 1610 West Walnut 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. 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 Gladys Beattie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 - 1885
7. AGE Years 50 Months 5 Days 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Master
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific RR
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) Glascow Scotland

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Loraine Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow Scotland

17. INFORMANT (ADDRESS) Gladys Beattie 1610 West Walnut St
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE 1 - 31 1936
19. UNDERTAKER (ADDRESS) George E. Carson Independence Mo
20. FILED 1-30- 1936 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1935, to 1/29, 1936
I last saw him alive on 1/29, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Ch. Nephritis	

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Other contributory causes of importance:
Renal Calculus

Name of operation — Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) [signature], M. D.
(Address) 10309 Indep Ave KCMO