

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.

*Dr. Polk.*

JUN 23 1936

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

Do not use this space.

19311

1. PLACE OF DEATH

County *Jackson* Registration District No. *398*  
Township ..... Primary Registration District No. *3019*  
City *Independence* (No. *Indep. Sanitarium*) ..... St. .... Ward)

File No. ....  
Registered No. *198*

2. FULL NAME

*John Thomas Beebe Jr.*

(a) Residence, No. *1712 Haubesa* ..... Ward. (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) *Single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 21-1884*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*51 5 25*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Presser*  
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) *Kansas City Mo.*  
13. NAME *John T. Beebe*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*  
15. MAIDEN NAME *Rosa Engeman*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT (ADDRESS) *Charles E. Beebe 922 S. West Blvd. D.C. St.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Shadlington* DATE *May 28 - Thurs. 3:30 PM '36*

19. UNDERTAKER (ADDRESS) *George C. Carson*  
20. FILED *5-29-19-36* *F. L. Cook* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26 1936*

22. I HEREBY CERTIFY, That I attended deceased from *May 25 1936*, to *May 26 1936*. I last saw him alive on *May 26 1936*. Death is said to have occurred on the date stated above, at *15:55 P.*

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

Other contributory causes of importance:  
*Influenza*

Date of onset *May 20-26*

Name of operation *none* Date of .....  
What test confirmed diagnosis? *none* 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? *no*  
If so, specify *George M. Polk* M. D.  
(Signed) *George M. Polk* (Address) *11037 W. Main Rd. Ind. Mo.*

