

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

Do not use this space.

SEP 29 1936

26908

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3606 East 35th) St. _____ Ward _____

File No. _____
 Registered No. 3583

2. FULL NAME Andrew Beaton

(a) Residence, No. 3606 East 35th St. 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 Mary D Beaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 3 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. repair

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Benj Beaton

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

15. MAIDEN NAME Ann Durrant

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

17. INFORMANT (ADDRESS) Wife
3606 E 35th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill Cem DATE Aug. 3, 1936

19. UNDERTAKER (ADDRESS) Hellody-McGilley
Kansas City, Mo.

20. FILED Aug 2, 1936 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1936 to July 31, 1936
 I last saw him alive on July 31, 1936. Death is said to have occurred on the date stated above, at 7:40 A. M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertensive Pneumonia.
956
 Other contributory causes of importance:
Hypertension, Chronic Cardiac
Vascular Disease, Scurvy
 Date of onset July 28

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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) Ralph Perry, M. D.
 (Address) 4800 E 24 St

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.

10/10/10