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.

OCT 21 1936

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

Do not use this space.

File No. 34708
Registered No. 73

1. PLACE OF DEATH
County Jackson
Township Washington
City ~~Marlborough~~ (No. 8320 Flora St. Ward)
Registration District No. ~~5558~~ 404
Primary Registration District No. ~~404~~ 5558

2. FULL NAME Mrs Edith M Beer
(a) Residence, No. 8320 Flora 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 Female
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David R. Beer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1865
7. AGE YEARS 70 MONTHS 9 DAYS 4 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) Ill

FATHER
13. NAME Wakeman Willey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

MOTHER
15. MAIDEN NAME Mary Barber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT (ADDRESS) Clyde R Beer 8320 Flora
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 9-18-1936
19. UNDERTAKER (ADDRESS) J. F. O'Donnell Co 3256 Broadway, KC Mo.
20. FILED 9-17 1936 Fred R Lindsey Sub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1936, to Sept. 16, 1936
I last saw her alive on Sept. 16, 1936 Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	
4	

Other contributory causes of importance:
Tumor necrosis & Peritonitis

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Geo. H. Jones, M. D.
(Address) 80th & Paseo