

N. B. - Every item on this certificate is important. Exact statement of occupation is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

15 FEB 25 1937

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

Do not use this space.

1679

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 210
 Township Jackson Precinct Registration District No. 1002 Registered No. 1
 City Kansas City (No. 1) Joseph Hospital St. 1 Ward 1

2. FULL NAME

Elizabeth Beckhoff
 (a) Residence, No. 201 Wilson Road St. 1 Ward 1
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arnold Beckhoff

22. I HEREBY CERTIFY That I attended deceased from 1/26 to 1/26, 1937.
 I last saw her alive on 1/26, 1937. Death is said to have occurred on the date stated above, at 8:45 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1898

The principal cause of death and related causes of importance were as follows:
Gen. Peritonitis
Prepared Small Intestine
Chronic Myocarditis

7. AGE YEARS 58 MONTHS 8 DAYS 1
 If LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) Mount Pleasant (STATE OR COUNTRY) Iowa

MOTHER FATHER
 13. NAME Oliver Griffith

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? Yes

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

MOTHER FATHER
 15. MAIDEN NAME Helen Roseman

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19.....
 Where did injury occur? None (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Arnold Beckhoff
8701 Wilson Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Valley DATE June 28, 1937

19. UNDERTAKER (ADDRESS) George O. Casper
2nd St. and 1st St.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Stewart Kellum M. D.
 (Address) 10307 Independence

20. FILED Jan 27, 1937 M. M. Corwin Registrar.

Material done.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No.....) St..... Ward.....

File No. 470
Registered No.....

2. FULL NAME

Elizabeth Eckhoff
8701 Wilson Rd

(a) Residence, No..... (Usual place of abode)..... 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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word).....

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME.....

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

MOTHER 15. MAIDEN NAME.....

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED 1/27, 1937 M. J. Cron
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-37

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Non-arteriosclerotic
Infarcted Small Intestine
cause of adhesions
Chronic Myocarditis

Date of onset

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)....., M. D.
(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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