

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.

40
July 3
1937

APR 8 1937

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

Do not use this space.

9457

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1002
City Kansas City Mo (No. 7. 6 Hospital) St. _____ Ward _____

2. FULL NAME

Clara W. Beckman
(a) Residence, No. _____ St. _____ Ward. Wellington Mo
(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 <u>Female</u>	4. COLOR OR RACE <u>whit</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry J. Beckman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3 1892</u>		
7. AGE	YEARS	MONTHS
<u>37</u>	<u>44</u>	<u>8</u>
		DAYS
		<u>6</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>house wife</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2 weeks</u>	11. Total time (years) spent in this occupation
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wellington Mo</u>	
FATHER	13. NAME <u>Herman Kalkmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Cha. Mo</u>	
MOTHER	15. MAIDEN NAME <u>Anna Ruell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Cha. Mo</u>	
	17. INFORMANT <u>Henry J. Beckman</u> (ADDRESS) <u>Wellington Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellington Mo</u> DATE <u>Nov 11 1937</u>	
	19. UNDERTAKER <u>Duquesne Funeral Home</u> (ADDRESS) <u>Wellington Mo</u>	
	20. FILED <u>Nov 9 1937</u> <u>M. M. Brown</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1937, to March 9, 1937

I last saw him alive on March 9, 1937. Death is said to have occurred on the date stated above, at 2:15 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis.
with Hypertensive Pnemonia. 5412

Date of onset 3-9-37

Other contributory causes of importance:
Paralytic Ileus. 3-3-37.
following Hysterectomy. 3-1-37.
Tuberculous Pleurisy (Non Malignant)

Name of operation Hysterectomy Date of March 1937
What test confirmed diagnosis? Examination 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 _____
(Signed) Dr. J. C. Beltram M. D.
(Address) Wellington Mo. D. O.

