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.

X9914

MAY 15 1937

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

Do not use this space.

15276

1822

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City, Mo. (No. Research Hospital St. Ward)

2. FULL NAME Mrs. Olga A. Beyer
(a) Residence, No. 4202 Harrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 8, 1871

7. AGE: 66 YEARS, 1 MONTHS, 7 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.
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): Omaha, Nebr.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Dewey E. Beyer, 4202 Harrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lyman, Nebr DATE Apr. 18, 1937

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED 4-17-1937 M M Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:50 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur	
Pulmonary embolism	
	14

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Other contributory causes of importance:

Name of operation ... Date
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? Accident Date of injury 4/1/37, 19...
Where did injury occur? Kansas City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell and fractured femur
Nature of injury

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