

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

OCT 19 1937

33293

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Lawe

Primary Registration District No. 1002

City Kansas City (No. Northeast Hospital)

File No. 3723

Registered No. 3723

St. _____ Ward _____

2. FULL NAME

Beverly Louise Metcalf

(a) Residence, No. 1439 S. Colorado 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

MEDICAL CERTIFICATE OF DEATH

3. SEX girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937 to Sept 13, 1937

I last saw her alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 11:30 a. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1937

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

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

Date of onset

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

Cardiovascular Insufficiency
157C

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

child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Premature Birth
7th month

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

13. NAME Clarence Metcalf

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Northeast Hospital, Mo

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Rudna Lynn Metcalf

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Magnolia, Mo

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Clarence Metcalf
1439 S. Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Wash DATE Sept 14 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) St. Marys Henderson
913 S. E. 14

24. Was disease or injury in any way related to occupation of decedent? If so, specify _____

20. FILED 9/14 3/1937

(Signed) Dr. Frank C. Brown

(Address) 4316 E 9th. K.C. Mo

Registrar.

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.

