

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

Do not use this space.

NOV 18 1937

36593

1. PLACE OF DEATH

County Jackson
 Township 7 East
 City Kansas City (No. 3037)

Registration District No. 399
 Primary Registration District No. 1002
Co. 19th Prec

File No. 2350
 Registered No. 2353
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3321 E. 30th 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 M. 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 Nellie Beard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1858

7. AGE YEARS 79 MONTHS 5 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Casey Co Ky

13. NAME Abbt. R. Beard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pineville Ky

15. MAIDEN NAME Martha Ann Davis

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

17. INFORMANT Mrs Sarah B. Hobbs

(ADDRESS) 3321 E. 30.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood DATE Oct. 8 '37

19. UNDERTAKER Epilor Funeral Home

(ADDRESS) R. C. Mo.

20. FILED Oct 7 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-37

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

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 P.

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

Coronary Sclerosis
Chromocaulal Infarct

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Pulm Was there an autopsy? Y

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) Russell W. Ben, M. D.
 (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state very briefly and accurately the cause of death. AGE should be stated EXACTLY. PHYSICIANS should state very briefly and accurately the cause of death. AGE should be stated EXACTLY. PHYSICIANS should state very briefly and accurately the cause of death.

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