

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.

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

Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399Primary Registration District No. 1007File No. 9941Registered No. 1406St. Research Hospital Ward

2. FULL NAME

Inez May Beeks Mabbitt 130(a) Residence, No. Brooklyn, Missouri

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMr. J. H. Mabbitt

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

May 8, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.541023

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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)Missouri

FATHER

13. NAME

Samuel Beeks14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri

MOTHER

15. MAIDEN NAME

Adella Allen16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri17. INFORMANT
(ADDRESS)Dr. C. F. Colburn
Bridgeport, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bridgeport, Mo. DATE 4-3 193819. UNDERTAKER
(ADDRESS)Mr. C. L. Foster
Kansas City

20. FILED

April 1, 1938 M. M. Browne

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 193822. I HEREBY CERTIFY, That I attended deceased from
March 30 1938, to March 31 1938I last saw her alive on March 31 1938. Death is saidto have occurred on the date stated above, at 10:55 P.M.

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

Acute Suppurative Meningitis

Date of onset

Other contributory causes of importance:

Name of operation Spinal Puncture Date of March 31What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

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) Donald F. Colburn M. D.(Address) 730 Prof. Bldg.

