REC'D MAY 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Lake Side Hospital St. Ward)
Registration District No. 395
Primary Registration District No. 1002
File No. 13514
Registered No. 1494

2. FULL NAME Beulah May Scarborough 616
(a) Residence, No. Route 4 Indep. Mo. 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 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 OF Leslie Scarborough
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1889
7. AGE YEARS 49 MONTHS 1 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Jackson Co Missouri
FATHER
13. NAME Alfred Etzenhouser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California
MOTHER
15. MAIDEN NAME Torpey Maggie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri
17. INFORMANT (ADDRESS) Leslie Scarborough Route 4 Independence
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Apr 7 1938
19. UNDERTAKER (ADDRESS) George C. Carson Ind. Independence Mo
20. FILED Apr 6 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1937, to Apr. 5th 1938
I last saw her alive on Apr. 5th 1938. Death is said to have occurred on the date stated above, at 3P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of left breast with metastasis
50
Date of onset
Other contributory causes of importance:
Carcinoma of left breast
Name of operation Amputation of left breast Dec 1935 Date of
What test confirmed diagnosis? Was there an autopsy? No
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. Ruth Andrews M.D.
(Address) Independence, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT REC

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver

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