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.

REC'D JUN 9 1938

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

Do not use this space.

17510

File No.

Registered No. 2207

1. PLACE OF DEATH

County Jackson County — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 5331 Highland Ave. St. Ward)

2. FULL NAME Sister Virginie Blance (Mary Beauge) 200

(a) Residence, No. 5331 Highland Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th 1843

7. AGE: Years 95 — Months 2 — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) France

FATHER

13. NAME Peter Beauge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Virginie Garnied

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

17. INFORMANT Sister Camille Suy
(ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's DATE May 31st 1938

19. UNDERTAKER Geo. Lobes Co
(ADDRESS) 20 E. Linwood

20. FILED May 30 1938 M. M. Crow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1938, to May 30th, 1938

I last saw h. alive on May 30, 1938. Death is said to have occurred on the date stated above, at 6.15 a.m.

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

	Date of onset
Chronic Myocarditis	3 yrs
186	

Other contributory causes of importance:

Fracture of left hip	2 weeks

Name of operation 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? Acc. Date of injury May 5, 1938

Where did injury occur? 5331 Highland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Acc. fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul V. O'Keefe, M. D.

(Address) Bryant Bldg