

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

Do not use this space.

17887 ✓

25 1929  
1. PLACE OF DEATH

County St. Louis  
Township Wentz  
City Wentz (No. ....)

Registration District No. 14  
Primary Registration District No. 4211

File No. ....  
Registered No. 19  
St. .... Ward)

2. FULL NAME Lily Jane Beaman  
(a) Residence. No. 108 North St., .... Ward.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**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 A. L. Beaman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>62</u>	<u>5</u>	<u>6</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

10. NAME OF FATHER Lige Andrews

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Forbes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT A. L. Beaman  
(Address) Wentz Mo

15. FILE NO. 63118 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 27 to Apr 28 1929 and that I last saw her live on Apr 28 1929 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart Insufficiency

CONTRIBUTORY (SECONDARY) RA (duration) 3 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED FINDINGS? Chemical  
(Signed) T. J. ... Address Wentz

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wentz Mo DATE OF BURIAL 5/10/1929

20. UNDERTAKER Chas. ... ADDRESS Wentz Mo

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.

UN 25 1929 235-21

