

WRITE PAINLY, 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.

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

PLACE OF DEATH

County Law

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Kansas City

Registration District No. 300

File No. 38139

Primary Registration District No. 11002

Registered No. 3958

(NO. Little Sisters of the Poor (Ward))

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME James Beatty

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widower</u>
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DATE OF BIRTH UNKNOWN 1834  
(Month) (Day) (Year)

AGE 86 yrs. UNKNOWN mos. UNKNOWN ds.  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid

BIRTHPLACE (City or town, State or foreign country) Kentucky

PARENTS	NAME OF FATHER <u>Arthur Beatty</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country)
	MAIDEN NAME OF MOTHER <u>Matilda Moore</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Little Sisters of the Poor  
(ADDRESS) 31st & Locust

Filed DEC 10 1910 Clara Davis  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 8 1910  
James Beatty  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 7, 1910, to Dec 8, 1910, that I last saw him alive on Dec 7, 1910, and that death occurred, on the date stated above, at 10 m. The CAUSE OF DEATH\* was as follows:

Chronic Rheumatism  
(Duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Contributory Cerebral Hemorrhage  
(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 5 ds.  
(Signed) J. L. Conroy M. D.  
Dec 8, 1910. (Address) Bloomington

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>St Marys</u>	DATE OF BURIAL <u>Dec 10</u> , 1910
UNDERTAKER <u>John J. Duffy</u>	ADDRESS <u>211-2-15</u>

