

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 Jackson 389
 Township Law 1002
 Village or City Kansas City (NO. 1310 Broadway St.; Ward 8870)
 Registration District No. _____ File No. _____
 Primary Registration District No. _____ Registered No. _____
 2 FULL NAME Amanda Beardale
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female
 4 COLOR OR RACE White
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widow
 6 DATE OF BIRTH Unknown
 (Month) (Day) (Year)
 7 AGE 68 If LESS than 1 day, hrs. or min.?
 yrs. mos. ds.
 8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry business, or establishment in which employed (or employer)
 9 BIRTHPLACE (City or town, State or foreign country) Missouri
 PARENTS
 10 NAME OF FATHER Not known
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known
 12 MAIDEN NAME OF MOTHER Not known
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

16 DATE OF DEATH March 8th 1918
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from Feb 17th 1918 to March 8th 1918
 that I last saw her alive on March 7th 1918
 and that death occurred, on the date stated above, at 2 P.M.
 The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
131
113170
 (Duration) yrs. mos. ds. 19
 CONTRIBUTORY (Secondary) Legg's
 (Duration) yrs. mos. ds.
 (Signed) J. A. Healy M. D.
3-9th 1918 (Address) 1023 W 17th

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Old Beardale
 (Address) 1310 Broadway
 15 Filed MAILED 1918
1075
 Registrar Old Beardale

18 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
 19 PLACE OF BURIAL OR REMOVAL Forest Hill
 DATE OF BURIAL 3-10 1918
 20 UNDERTAKER Quirk & Tobin Co 70 Hunter Ave
 ADDRESS

