

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

Do not use this space.

27262

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kans Primary Registration District No. _____
 City Kansas City (No. St Marys Hosp)

File No. _____
 Registered No. 37
 St. _____ Ward _____

2. FULL NAME

Catherine F Beyer
 (a) Residence No. 2709-E-12th St. 9 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. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul R. Beyer</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 13 1879</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>58</u>	<u>11</u>	<u>25</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Peter Graff

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

12. MAIDEN NAME OF MOTHER Catherine Elinger

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

14. INFORMANT Paul R Beyer
 (Address) 2709-E-12th

15. FILED 8, 1928 Th M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1928

17. 2 I HEREBY CERTIFY, That I attended deceased from July 25 1928 to Aug 8 1928 that I last saw her alive on Aug 7 1928, and that death occurred, on the date stated above, at 6:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Pancreas secondary to Carcinoma of uterus
 (duration) 2 yrs. 2 mos. 2 da.
 CONTRIBUTORY Carcinoma of uterus
 (SECONDARY) (duration) 3 yrs. 3 mos. 3 da.

18. WHERE AND WHEN CONTRACTED _____
 IF NOT AT PLACE OF DEATH: 2709 East 12

3 DID AN OPERATION PRECEDE DEATH? 2 years ago operated for ca. of uterus

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History & Computation

(Signed) W. H. Brown M. D.
 (Address) 2602 East 15, KC Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL Aug 9-1928

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. C. 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.

FADING INK—THIS IS A PERMANENT RECORD

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