DEC 20 1930

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

Do not use this space.

35622

1. PLACE OF DEATH
County: Clay
Township: Gallatin
City: Country (No. #71 Highway St. Ward)
Registration District No. 197
Primary Registration District No. 5274
File No.
Registered No. 59

2. FULL NAME Mrs. Ella May Beeman
(a) Residence. No. 71 Highway Clay Co. Mo. 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. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank R. Beeman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-11-1863

7. AGE: 67 YEARS, 4 MONTHS, 24 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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): Woodsfield Ohio

PARENTS
10. NAME OF FATHER: James Detwiler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Margaret Hamilton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. E. E. Davidson
(Address) R. F. D. #4 North K. C. Mo.

15. FILED 11/5, 1930 G. R. Hogg REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/5 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Nov 5, 1930 that I last saw her alive on Nov 5, 1930, and that death occurred, on the date stated above, at 10:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder with metastases to other of dorsal vessels
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 49 53B 53E
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
(1) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
(Signed) Ed Lierbach M. D.
11/5, 1930 (Address) Mrd Kansas City Mo

*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: Ottawa Kansas
DATE OF BURIAL: 11/7 1930

20. UNDERTAKER: Stine & McClure
ADDRESS: Kansas City Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. H. O. Lienhardt Barclay 1038.
Commercial Bldg, K.C., Mo.