

AUG 24 1936

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

Do not use this space.

26850

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

File No.

8552

Township

7 Kaw

Primary Registration District No.

100v

Registered No.

8552

City

Kansas City

(No.)

Trinity Lutheran

Hospital

Ward)

2. FULL NAME

Eliza Beale

(a) Residence, No.

Parmer, Kansas

Ward.

Parmer, Kansas

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Married C. A. Beale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 27 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73 yrs.

1

0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

13. NAME

Michael Stroup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

no record

15. MAIDEN NAME

Pester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

no record

17. INFORMANT (ADDRESS)

C. A. Beale
Parmer, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burker, Kaw DATE July 29 1936

19. UNDERTAKER (ADDRESS)

Stine & McPherson
3235 Williams Plaza

20. FILED

July 28, 1936 M. M. Crowder
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-27-1936

22. I HEREBY CERTIFY, That I attended deceased from

7-24-1936 to 7-27-36, 19...

I last saw h. ex. alive on 7-27-36, 19... Death is said

to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
Post Operative
Chr. Myocarditis

Other contributory causes of importance:

Hyperstatic Bronchitis
Pneumonia

Name of operation Lap. Release Obst 7/24/36

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

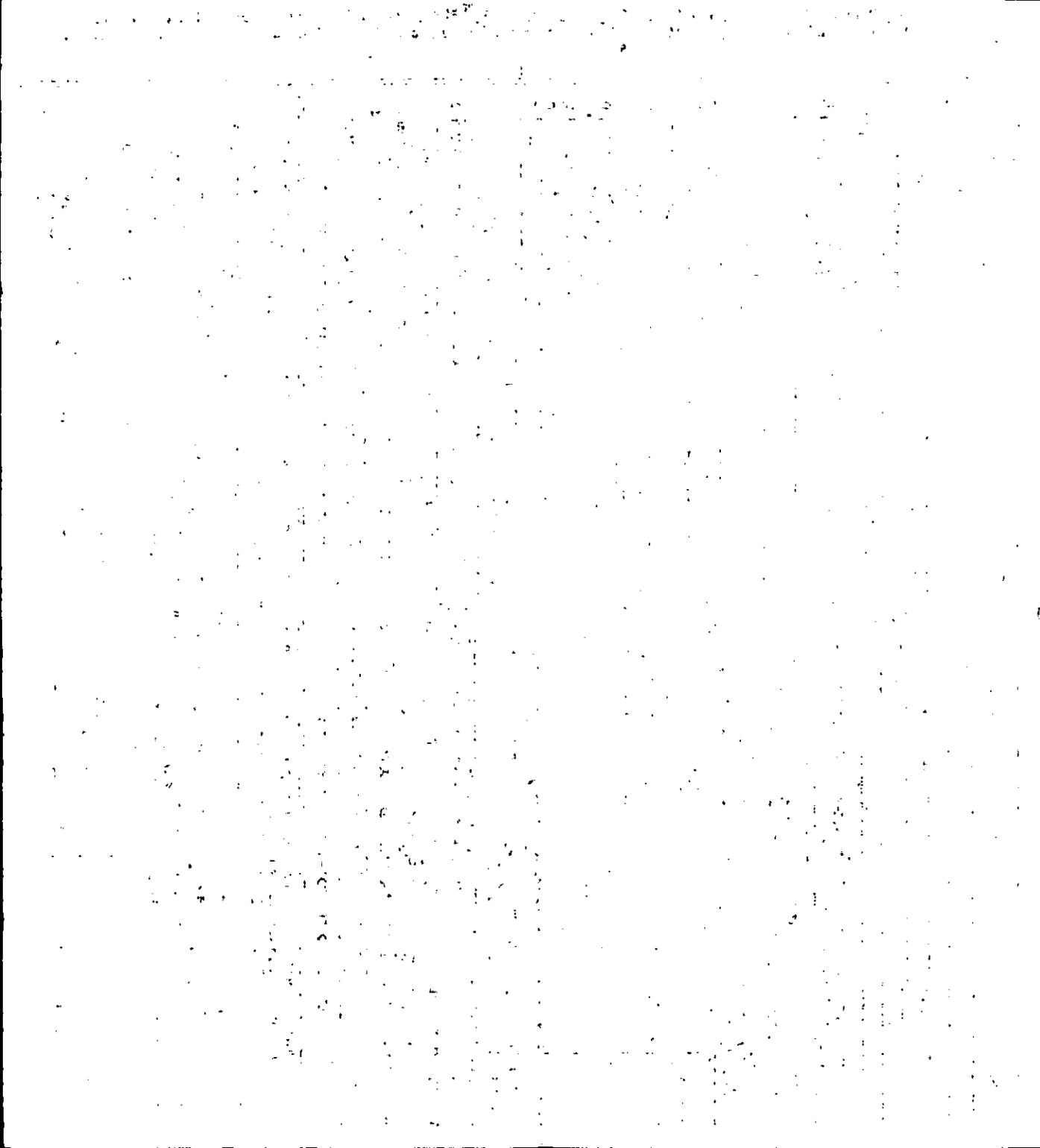
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Ernest Johnson Jr. M. D.

(Address) 730 Professional

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**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township K C
City K C (No. _____)

Registration District No. 399
Primary Registration District No. 002

File No. _____
Registered No. 3072
St. _____ Ward _____

2. FULL NAME

Eliza Beals

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hr. or _____ min.
	<u>72</u>	<u>1</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED July 28 1936 M. M. Corowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1936, to 7-27, 1936
I last saw her alive on 7-27, 1936 Death is said to have occurred on the date stated above, at 7:17 P.
The principal cause of death and related causes of importance were as follows:

part operative
Intestinal Obstruction
Perforated Gungron
bowel
Other contributory causes of importance General peritonitis
No further information

Name of operation Lap Release Date of 7-24-36
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in house, or home, or in public place. 05
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Ernest Johnson, M. D.
(Address) 730 _____

SUPPLEMENT

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.

CONFIDENTIAL