NOV 16 1936

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

Do not use this space.

37863

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4720
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kan City (No. Mercy Hospital St. Ward)

2. FULL NAME Ann Louise Beach
(a) Residence, No. 3121 E 13th St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1934
7. AGE YEARS 1 MONTHS 5 DAYS ~~[illegible]~~ If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Ivan Beach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo.

MOTHER
15. MAIDEN NAME Allene Keys
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ivan Beach
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 10/27-36 19
19. UNDERTAKER (ADDRESS) BERGMAN FUNERAL HOME, INC.
20. FILED 10/27 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1936
22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1936, to 10-25, 1936
I last saw her alive on 10-25, 1936. Death is said to have occurred on the date stated above, at 12:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10-3-36

Other contributory causes of importance:

24

Name of operation none Date of
What test confirmed diagnosis? Lab 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, 19
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? No
If so, specify
(Signed) Harry E Emi, M. D.
(Address) 806 Prof Bldg 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.