

WRITE PRINTED WITH OILING INK--THIS IS A PERMANENT RECORD

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.

JAN 17 1938

44454

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City No. 1200 West 29th St. (Ward)

File No. _____
Registered No. 126
St. _____ (Ward)

2. FULL NAME

Baby Beauman

(a) Residence, No. 1200 W. 29th St., _____ Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred None ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

Miscarriage - Unknown Cause
Date of onset _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo

13. NAME Amos Beauman

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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

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)

15. MAIDEN NAME Leola Freeman

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

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

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL Disposed of by Pathology Department at University of Kansas Hospital
PLACE Kansas City, Mo DATE 9-16-37, 19____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) _____

(Signed) [Signature], M. D.
(Address) University of Kansas Hospital Kansas City, Kans.

20. FILED Nov 16 1937 M. M. Cronin
Registrar.

