WRITE PLAINLY, WITH UNFADING 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.

50M-10-22-36 I X9314

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5527
Township Kaw — Primary Registration District No. 1002 — Registered No. 593
City Kansas City (No. 3009 E. 38th. St. Ward)

2. FULL NAME Richard Lee Beaman 550
(a) Residence, No. 3009 E. 38th 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: Male
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: XXXXXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 30th. 1937
7. AGE: YEARS 0 — MONTHS 5 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Kansas City Mo.

FATHER
13. NAME: Otto W. Beaman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Windsor Mo.

MOTHER
15. MAIDEN NAME: Ruth L. Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

17. INFORMANT (ADDRESS): Otto L. Beaman 3009 E. 38th.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 2-7, 1938
19. UNDERTAKER (ADDRESS): Eylar Funeral Home 1800 Linwood
20. FILED 2/6, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th. 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-30-37, ~~19~~, to 2-5-38, ~~19~~.
I last saw him alive on 2-4-38, ~~19~~. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Broncho-pneumonia	
11a	

Other contributory causes of importance:

Infantile Eczema

Name of operation ..... Date of .....
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 ....., 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) E. L. Glasscock, M. D.
(Address) 130 L. Prof. Bldg.

Dr. Glascock Prof Bldg
call Li 8118 when signed