

RECORDED MAY 18 1939

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

14623

Do not use this space.

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201  
 (b) Township LIBERTY Primary Registration District No. 5280  
 (c) City LIBERTY (d) Street No. 3012 St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LUCY ELLIOTT

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 1 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hr. or .....min.  
83 I I

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
 9. Industry or business in which work was done, as 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) CLAY CO. MO.

FATHER 13. NAME FRED BEACHMAN

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

MOTHER 15. MAIDEN NAME MIRAH SLAUGHTER

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

17. INFORMANT (ADDRESS) EMMA BEVINS LIBERTY MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY MO. DATE 4-5-1939

19. FUNERAL DIRECTOR (ADDRESS) HESSEL \* CARDER LIBERTY MO.

20. FILED 4-5-1939 E. T. Bran Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 2 - 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 18<sup>th</sup>, 1929, to April 18<sup>th</sup>, 1939  
 I last saw him alive on April 10, 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Malignant tumor of right Ovary - 7 anemias. High blood pressure and Bright's Disease in feet a Complicated Disease

Other contributory causes of importance: —

Name of operation H.A. Date of \_\_\_\_\_  
 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 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 A.G. Sevier, M. D.  
 (Signed) A.G. Sevier, M. D.  
 183 (Address) Liberty 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.

MAR 15 1955

RECEIVED  
District Health Officer No. 8  
District File Number  
Date filed  
6E/2/C  
39

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**