

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

793  
794  
44652  
6018  
5732

**1. PLACE OF DEATH**

County St. Francois Registration District No. 794 File No. 8  
Township St. Francois Primary Registration District No. 44652 Registered No. \_\_\_\_\_  
City Flat River (No. 6018) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Kathleen G. Beard  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX fm 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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

Olis Beard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 20 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 10 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden Mo.

10. NAME OF FATHER J. E. Skaggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

12. MAIDEN NAME OF MOTHER Mary Edman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

14. INFORMANT (Address) Mrs. J. E. Skaggs  
Flat River Mo.

15. FILED Mar 26 1926 F. L. Heith REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1926

17. I HEREBY CERTIFY That I attended deceased from Feb. 25, 1926 to Feb. 27, 1926 that I last saw her alive on Feb. 27, 1926, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Septicemia  
146

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

(Signed) Dr. J. W. Thurman, M. D.

, 19 (Address) Madison Co. Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Park View Cemetery Feb. 27 1926

20. UNDERTAKER ADDRESS

Raymond Caldwell E. Lewis  
Mo.

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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 8 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

St. Francis  
St. Francis  
to Farmington

773  
4464

No 32

at Mrs. Counts.

State Board of Health  
Jefferson City Mo

This death occurred in Farmington, and the body was removed from this district without filing a death certificate which is contrary to law. I will reserve

No 32 - on record for returning data of you locate the certificate

D. J. Harrison

-2-26-

MRS. OTIS BEARD DIES;  
LEAVES WEEK-OLD INFANT

Mrs. Otis Beard, 19 years of age, died yesterday morning at the home of Mrs. Lucy Counts, in Farmington, where she had been nursed since Tuesday night, when she was removed from the home of her parents, Mr. and Mrs. E. Skaggs, of Flat River. She leaves a week-old infant son, who was born Thursday morning of last week at the Skaggs home, where the expectant mother had spent a few weeks. Mr. and Mrs. Beard have been making their home in St. Louis for several months. Prior to her marriage, Mrs. Beard was Miss Kathleen Skaggs and was well and favorably known here. The baby, who has been named Otis, Jr., is doing nicely. At present, he is with his grandparents, Mr. and Mrs. Jas. Beard, in Flat River. The young husband and father survives.

At the time of going to press, yesterday afternoon, the arrangements for the funeral had not been made.

5-5732

11

1926-2-26  
1907 4-20  
18 19 6

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773 File No. 8  
 Township " Primary Registration District No. 6018 Registered No. 32  
 City St. Francois (No. " St. " Ward ")

2. FULL NAME Kathleen G Beard  
 (a) Residence. No. " St. " Ward "  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) "

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 20 - 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
18 | 10 | 6 | " | " | "

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) "  
 (c) Name of employer "

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1926

17. I HEREBY CERTIFY That I attended deceased from 2/27/26 to 2/27/26 that I last saw him alive on 2/27/26 and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Respiratory septicemia

CONTRIBUTORY (SECONDARY) 146  
 (duration) " yrs. " mos. " ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? "

DID AN OPERATION PRECEDE DEATH? " DATE OF "

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Geo. L. Hopkins M.D.  
Chambers, Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

10. NAME OF FATHER Wm. G. Beard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

12. MAIDEN NAME OF MOTHER Elizabeth Beard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

14. INFORMANT (Address) Wm. G. Beard  
1411 River St

15. FILED 4-12-26 B. J. Robinson REGISTRAR

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Oakview Cem 2/27 1926

20. UNDERTAKER ADDRESS  
Raymond Caldwell Chans

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

EMMENT

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"Typhoid pneumonia"); *Lobar pneumonia; Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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