

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

Do not use this space.

5063

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 125  
Ward) \_\_\_\_\_

**2. FULL NAME**

John E. Beard

(a) Residence No. 120 S. Wightman Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 10 mos. 10 da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Lula K. Beard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 | 7 | 2 | \_\_\_\_\_

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Galesburg  
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Cyrus Beard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Carie Spolitter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Mrs John L. Gilmore  
(Address) 5929 Waldron

15. FILED 7-18-28 M M Enow  
REGISTRAR asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-16-28 to 2-16-28, 1928  
that I last saw h. alive on 2-16-28, and that death occurred, on the date stated above, at 11:30 a.m.

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

Cerebral hemorrhage  
High blood pressure  
CONTRIBUTORY (SECONDARY) High blood pressure  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED K. Mo  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms  
(Signed) A. J. Johnson, M. D.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paula Kansas DATE OF BURIAL 2-19 1928

20. UNDERTAKER H H Newcomer's Sons & Co. ADDRESS 1000

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

2006

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