

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

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3552

1. PLACE OF DEATH

County St. Louis Registration District No. 65-1
 Township Carthage Primary Registration District No. 4388
 City St. Louis (No.) St. Ward

File No.
 Registered No. 130

2. FULL NAME

Clara Beard

(a) Residence. No. St., Ward.
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-28

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of unknown

17. I HEREBY CERTIFY, That I attended deceased from 10-25-28, 1928, to 10-26-28, 1928, that I last saw h. alive on , 1928, and that death occurred, on the date stated above, at 7-30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Measles, Poison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-9-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
21 3 17

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

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) J.B. Deane M. D.
 Address Carthageville Mo

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

10. NAME OF FATHER Bill Clemens

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

12. MAIDEN NAME OF MOTHER Lora Dempsey

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

14. INFORMANT Lora Ramm
 (Address) St. Louis Mo

15. FILED Nov. 2, 1928 A. A. Martin
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 1-30-29

20. UNDERTAKER ADDRESS

N. B. - If form 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.

[The main body of the page is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be accurately transcribed.]

**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 Deming Registration District No. 65-1 File No.
 Township Caruthersville Primary Registration District No. 7388 Registered No. 120
 City (No.) St. Ward)

2. FULL NAME

Clara 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 F 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT
 (Address)

15.

FILED Dec 6 19 20 Ada Martin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-1928

17. I HEREBY CERTIFY That I attended deceased from 19.....
 that I last saw h..... alive 19....., and that
 death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterial Occlusion
unknown
 (duration) yrs. mos. ds.

18. CONTRIBUTORY (SECONDARY)

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), M. D.

, 19 (Address)

*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

19

SUPPLEMENTARY

1290

Every effort should be made to ascertain the exact cause of death. Physicians should state exactly. Exact statement of occupation is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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