

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

Do not use this space.

36059

1. PLACE OF DEATH

County Stens
Township Gulena
City Gulena (No. _____)

Registration District No. 843
Primary Registration District No. 4513

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>w</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ara Beard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 / 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>5</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

Jm Beard

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER

Rebecca Hight

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Miss

14.

INFORMANT Jenny Tate
(Address) Chickamauga Okla

15.

FILED Oct 3, 1929 Thos. J. McCard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1929

17.

I HEREBY CERTIFY, That I attended deceased from Sept 30, 1929, to Oct 3, 1929, that I last saw him alive on Oct 3, 1929, and that death occurred, on the date stated above, at 12:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

CONTRIBUTORY (SECONDARY)

knife wounds

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? miss

(Signed) J. J. [Signature], M. D.

, 19 1929 (Address) Gulena 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Masonic Cem

DATE OF BURIAL

Oct 4 1929

20. UNDERTAKER

Ernest Helton

ADDRESS

Orme mo

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1. The first part of the report is a summary of the work done during the period covered by the report.

2. The second part of the report is a detailed account of the work done during the period covered by the report.

3. The third part of the report is a summary of the results of the work done during the period covered by the report.

4. The fourth part of the report is a summary of the conclusions reached during the period covered by the report.

5. The fifth part of the report is a summary of the recommendations made during the period covered by the report.

6. The sixth part of the report is a summary of the work done during the period covered by the report.

7. The seventh part of the report is a summary of the results of the work done during the period covered by the report.

8. The eighth part of the report is a summary of the conclusions reached during the period covered by the report.

9. The ninth part of the report is a summary of the recommendations made during the period covered by the report.

10. The tenth part of the report is a summary of the work done during the period covered by the report.

11. The eleventh part of the report is a summary of the results of the work done during the period covered by the report.

12. The twelfth part of the report is a summary of the conclusions reached during the period covered by the report.

13. The thirteenth part of the report is a summary of the recommendations made during the period covered by the report.

14. The fourteenth part of the report is a summary of the work done during the period covered by the report.

15. The fifteenth part of the report is a summary of the results of the work done during the period covered by the report.

16. The sixteenth part of the report is a summary of the conclusions reached during the period covered by the report.

17. The seventeenth part of the report is a summary of the recommendations made during the period covered by the report.

18. The eighteenth part of the report is a summary of the work done during the period covered by the report.

19. The nineteenth part of the report is a summary of the results of the work done during the period covered by the report.

20. The twentieth part of the report is a summary of the conclusions reached during the period covered by the report.

21. The twenty-first part of the report is a summary of the recommendations made during the period covered by the report.

22. The twenty-second part of the report is a summary of the work done during the period covered by the report.

23. The twenty-third part of the report is a summary of the results of the work done during the period covered by the report.

24. The twenty-fourth part of the report is a summary of the conclusions reached during the period covered by the report.

25. The twenty-fifth part of the report is a summary of the recommendations made during the period covered by the report.

26. The twenty-sixth part of the report is a summary of the work done during the period covered by the report.

27. The twenty-seventh part of the report is a summary of the results of the work done during the period covered by the report.

28. The twenty-eighth part of the report is a summary of the conclusions reached during the period covered by the report.

29. The twenty-ninth part of the report is a summary of the recommendations made during the period covered by the report.

30. The thirtieth part of the report is a summary of the work done during the period covered by the report.

**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 Stone

Registration District No. 843

File No. _____

Township _____

Primary Registration District No. 4313

Registered No. _____

City Salena (No. _____)

St. _____ Ward _____

2. FULL NAME

W. H. 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)

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)

PARENTS

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 Oct 3, 1929 Thos. J. McCarty
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 3 1929

17.

I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____

that I last saw him _____ alive on _____, 19____, and that
death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
Homicide
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Knife wounds
(duration) _____ yrs. _____ mos. _____ ds.

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

19

20. UNDERTAKER

ADDRESS*

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
N. B.—USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.
CAUSE
REGISTRAR

S-36859