

NOV 28 1930

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

Do not use this space.

35057

1. PLACE OF DEATH

County Saline
Township Cambridge
City Slater (No.)

Registration District No. 799
Primary Registration District No. 60 37B

File No.
Registered No. 60
St. Ward)

2. FULL NAME

Mary Jane 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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

✓

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

Sept 23-1865

7. AGE

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Home wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Saline

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Wm Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Levensell

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Indiana

(STATE OR COUNTRY)

14. INFORMANT

Mrs. A. M. Dock
(Address) Slater Mo

15. FILED

Oct 4, 1930 W. M. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct-11-1930

17.

I HEREBY CERTIFY, That I attended deceased from June 6, 1930 to Oct 11, 1930 that I last saw her alive on Oct 10, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
12 H
1930 (duration) yrs. 1 mos. — ds.
CONTRIBUTORY (SECONDARY) Valvular Disease of Heart (duration) yrs. 4 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) E. W. Redford, M. D.

. 19 (Address) Slater 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

Slater Mo

DATE OF BURIAL

Oct-12-1930

20. UNDERTAKER

Jones & Salzer

ADDRESS

Slater 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.

