

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

Do not use this space.

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1. PLACE OF DEATH

County St. Francois
 Township
 City Bismarck (No.)

Registration District No. 771
 Primary Registration District No. 4462

File No. 41315
 Registered No.
 St. Ward

2. FULL NAME

Barney A. 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
 (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1901
7. AGE YEARS 31 MONTHS ✓ DAYS 7
 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Collector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 185
10. Date deceased last worked at this occupation (month and year) 12-29-32 **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Mo

FATHER
13. NAME H. A. Beard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Mo

MOTHER
15. MAIDEN NAME Louisa F. Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. T. Vernon Mo

17. INFORMANT (ADDRESS) B. A. Beard

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bismarck DATE 1-2-1933

19. UNDERTAKER (ADDRESS) White & Bell Bismarck Mo

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1932, to 12-31, 1932

I last saw him alive on 12-31, 1932. Death is said

to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Influenza
Pulmonary tuberculosis
 Date of onset 12-21-32

Other contributory causes of importance:

Name of operation ✓ Date of ✓
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury c, 19

Where did injury occur? ✓
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
 If so, specify

(Signed) Jus W. Hoffmann, M. D.
 (Address) Bismarck Mo

N.B. - Ever, in certifying, should be carefully inquired of the AGE, SEX, CAUSE OF DEATH in plain terms, so that it may be properly classified. - J. J. G.

**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. 791
 Township _____ Primary Registration District No. 4462
 City Bismarck (No. _____) St. _____ Ward _____

2. FULL NAME Barney M. 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) S.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Collector
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Mo.

13. NAME H. N. Beard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck Mo.

15. MAIDEN NAME Louisa Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Mo.

17. INFORMANT E. A. Beard

18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE 1-2-37

19. UNDERTAKER (ADDRESS) White & Hill Bismarck Mo.

20. FILED 2-18-37 Registrar J. H. Buffum

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-30-32 to 12-31-32, 1932

I last saw him alive on 12-31-32, 1932 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

English Influenza
 Date of onset _____
 Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. W. Henderson
 (Address) Bismarck Mo.

SUPPLEMENTARY

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

PHYSICIANS SHOULD STATE BE CAREFUL TO STATE EXACT OCCUPATION OF DECEASED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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