

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

Do not use this space.

1. PLACE OF DEATH

County Remiscott
Township Concord
City (No.)

Registration District No. 45-3
Primary Registration District No. 5865

File No. 17361
Registered No. 40
St. Ward)

2. FULL NAME

Marris Beard

(a) Residence, No. near High Potageville Road RFD #1
(Usual place of abode)

Length of residence in city or town where death occurred 4 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married (wid)</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Beard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 29 - 1906</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>8</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>	11. Total time (years) spent in this occupation
	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) <u>5-5</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denal Bluff, Ark.

13. NAME Mill Owens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Julia Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

17. INFORMANT (ADDRESS) Floyd Owens

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 5-5 1933

19. UNDERTAKER (ADDRESS) Ray and Co. Hart, Mo

20. FILED 5-4- 1933 J. J. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw Held August alive on 19. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows:

Shot in left back by revolver - Inside
Other contributory causes of importance: 173
173

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? Homicide Date of injury 5/3 1933 Where did injury occur? Her Home, Potageville, Mo. RFD #1 (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Shot by James H. H. H.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. W. Rhodes M.D. Corcoran, M.D.
(Address) Hart, 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.

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