

SEP 4 1934

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

Do not use this space.

27666

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **2819 Hickory St.**)

File No.

Registered No. **7921**

St. Ward)

2. FULL NAME **Mary Beard**

(a) Residence, No. **2819 Hickory St., W.** Ward.

(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Beard		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25-1872		
7. AGE	YEARS 61	MONTHS 8
	DAYS 6	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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) Louisville Kentucky		
MOTHER FATHER	13. NAME James O'Connell	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada	
	15. MAIDEN NAME Anna Nink	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
17. INFORMANT (ADDRESS) Mr Geo. Beard 2819 Hickory St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Cahary Cem. DATE Aug 2 1934		
19. UNDERTAKER (ADDRESS) Ev J. Schmidt 31257 Lafayette av.		
20. FILED AUG -1 1934 Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 31 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 19**, 19**34**, to **July 31**, 19**34**

I last saw him alive on **July 31**, 19**34** Death is said to have occurred on the date stated above, at **6 p.m.**

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

Chronic Myocarditis Date of onset **3 mo**
93
97
Arterio Sclerosis **3 yrs**

Name of operation **none** Date of.....

What test confirmed diagnosis? **clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** Date of injury....., 19.....

Where did injury occur? **none**

(Specify city or town, county, and State)

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

Manner of injury **none**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify.....

(Signed) **R. E. Owen**, M. D.

(Address) **Lamar Club Bldg**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

