MAR 17 1936

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

Do not use this space.

5084

1. PLACE OF DEATH
County Clark
Township Sweet Home
City (No. 5267 St. Ward)
Registration District No. 192
Primary Registration District No. 4115
File No.
Registered No.

2. FULL NAME Joel Beaird
(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 57 yrs. 1 mos. 8 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 (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 - 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	1	8	

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) Clark Co, Mo.

PARENTS
10. NAME OF FATHER Samuel Beaird
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Clark Co, Mo
12. MAIDEN NAME OF MOTHER Mary Hogan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clark Co, Mo.

14. INFORMANT Burrel Beaird
(Address) Revere, Mo.

15. FILED Feb 17, 1936 J L McConnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1936

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1936 to Feb 17, 1936, that I last saw ~~him~~ alive on Feb 17, 1936, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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) J L McConnell, M. D.
, 19 (Address) Revere 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~~ Revere Mo
DATE OF BURIAL Feb 19 1936

20. UNDERTAKER G. W. Epperhart
ADDRESS Revere, 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.