SEP 29 1936

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

Do not use this space.

32143

1. PLACE OF DEATH
County St. Francois County
Township St. Francois County
Near City Farmington, Mo. (No. ....., ..., St. ....., Ward)

Registration District No. 773
Primary Registration District No. 60184

File No. .....
Registered No. 149

2. FULL NAME George W. Beard
(a) Residence, No. Mine LaMotte, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	90	6	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mine LaMotte
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Edmond Beard
14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Livinia Bird
16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Cross Roads Cemetery DATE 8-20-36, 19

19. UNDERTAKER Webb Undertaking Co.
(ADDRESS) Fredericktown, Mo.

20. FILED Aug 18, 1936 V. L. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1936 to Aug 18, 1936
I last saw him alive on Aug 17, 1936. Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
13 y	

Other contributory causes of importance:
Senile mental and physical deterioration

Name of operation ..... 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? ..... 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) P. S. Fall, M.D.
(Address) Hosp. # 4 Farmington 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.