

OCT 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township.....  
City city

Registration District No. 791  
Primary Registration District No. 1003

File No. 36120  
Registered No. 9763  
St. .... Ward)

2. FULL NAME

Arthur Bearden  
(a) Residence, No. 2724 Caroline St., Ward. NR  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2k

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ziff Mines  
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) Unk.

13. NAME William Bearden

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

15. MAIDEN NAME Maud Dirsman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Markon, Mo

17. INFORMANT (ADDRESS) Denny Hazard  
2724 Caroline St

18. BURIAL, CREMATION, OR REMOVAL PLACE Poler mo DATE Sept 27 1936

19. UNDERTAKER (ADDRESS) Sparks Peterson

20. FILED SEP 26 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept - 20, 1936, to September - 25, 1936

I last saw him alive on September - 25, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Myocardial and Arteriosclerotic Date of onset  
Cardio-Vascular Renal  
disease

Other contributory causes of importance:  
Interstitial Nephritis  
untetermined

Name of operation None Date of None  
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None

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 None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) J. J. DelVecchio, M. D.  
(Address) 2724 Caroline St. St. Louis, 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.

