

JAN 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lee
Township Jefferson
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. 44189
Registered No. 350
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1002 Washington St., Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 Jane Horton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8-1881

7. AGE YEARS 55 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dry

10. Date deceased last worked at this occupation (month and year) Dec 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Mo

13. NAME James Beard

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

15. MAIDEN NAME No information

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

17. INFORMANT (ADDRESS) Richard Beard

18. BURIAL, CREMATION, OR REMOVAL PLACE Lat Lee DATE Dec 21 36

19. UNDERTAKER (ADDRESS) Lawson & Gannon

20. FILED 72/23/1936 W. H. Blodgett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 36

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1936, to Dec 19 1936

I last saw him alive on Dec 19 1936 Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Myocarditis - Generalized
& Embolism
Chronic Bronchitis
with asthma several yrs

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis General 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) Jas. A. Hill M. D.
(Address) Jefferson City, Mo

180V 20 AMP