

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

Do not use this space.

3932

1. PLACE OF DEATH
 County St. Clair 93 Registration District No. 766
 Township Roscoe Primary Registration District No. 6011
 City (No. _____) St. _____ Ward _____

2. FULL NAME Jessie Earl Beaird 630
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Otha Beaird

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 22

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) (STATE OR COUNTRY) Roscoe Mo

FATHER
 13. NAME John Beaird
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Margaret Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Otha Beaird Roscoe Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Clement Springs DATE 6-24

19. UNDERTAKER (ADDRESS) W. Beaird Roscoe Mo

20. FILED Feb 8, 1938 Mrs. F. B. Goodrich Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of throat
Extrinsic

Date of onset

Other contributory causes of importance:
45

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? 4
 If so, specify _____

(Signed) W. Beaird Coroner, St. D.
 (Address) Roscoe Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
NO. STATE BOARD OF HEALTH