

Dr. H.I. Taylor

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

28692  
Do not use this space.

1. DECEASED SEP 9 1938

(a) County Cole Registration District No. 213  
(b) Township ..... Primary Registration District No. 3014 Registered No. 243  
(c) City Jefferson (d) Street No. 225 A East Capitol St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Luella Maud Beard

(a) Residence, No. 225 A East Capitol St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-26-1872  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 8 15

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938  
22. I HEREBY CERTIFY: That I attended deceased from Jan 2 1938 to Aug 10 1938  
I last saw her alive on Aug 10 1938 Death is said to have occurred on the date stated above, at 1:17 p.m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. II  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Cerebral Hemorrhage Date of onset 12/1

12. BIRTHPLACE (CITY OR TOWN) acon County, Mo. (STATE OR COUNTRY)

Other contributory causes of importance: Interstitial Nephritis & anemia

13. NAME Theo B. Currier

14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

15. MAIDEN NAME Lydia Ann Woolfkill

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)

Name of operation Physic Date of 1938  
What test confirmed diagnosis? Physic 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.

17. INFORMANT Mrs. Ralph Wood (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Holiday, Mo. DATE AUG-12-- 1938

19. FUNERAL DIRECTOR (NAME) Howard Gordon (ADDRESS) Jefferson City, Mo.

20. FILED 8/12 1938 Jefferson City, Mo. Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify..... (Signed) [Signature], M. D. (Address) Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. No amount of space should be sacrificed to abbreviate or omit any item of information.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Ferd P. Dulle*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Ferd P. Dulle*

Licensed Embalmer No.....

*3890*

P. O. Address.....

*Jefferson City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**