

DEC 0 FEB 21 1939

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

1910

Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Wagon Primary Registration District No. 4080 Registered No. 12
(c) City Walden (d) Street No. _____ 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

630 Sarah C Beard
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME Samuel W. Martin

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

MOTHER 15. MAIDEN NAME Mary Kerr

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

17. INFORMANT (ADDRESS) Mrs Titus Martin
Carroll Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Mt. Washington Cemetery, Carroll City, Mo. Feb. 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanley
Carroll Mo.

20. FILED 1-31 1939 Walter Haskin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1939

22. I HEREBY CERTIFY, That I attended deceased from 4-15, 1938 to 1-29, 1939

I last saw her alive on 1-29, 1939. Death is said to have occurred on the date stated above, at 8:40 AM.

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

Cardiac Insufficiency Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____ (Signed) W. H. DeWood, M. D.

(Address) Carroll Mo.

RECEIVED
District Health Officer No. 8,
Office File Number
Filed 2/7/39

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,

Ben W. Gibson

or by

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

Signed

Ben W. Gibson

Licensed Embalmer No.

2961

P. O. Address

Carrollton, N

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.