

JUL 6 1939

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

23117
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 771
(b) Township 1 Primary Registration District No. 4462 Registered No. _____
(c) City Dismarck (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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
630 Mrs Lucy Ann Beard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. J. Beard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27 - 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 - 2 - 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
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 50 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middlebrook Mo
13. NAME Bliss Downey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
15. MAIDEN NAME Katherine Schoeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT (ADDRESS) Mrs. Edna Allison, St. Francis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dismarck Mo DATE June 8 1939
19. FUNERAL DIRECTOR (ADDRESS) Calvert Bros, 2104 N. 1st St., St. Louis Mo
20. FILED June 7 1939 J. W. Gale, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1939 to June 6 1939
I last saw her alive on June 6 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
hypertension
Other contributory causes of importance: _____
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? no 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) J. W. Gale, M. D.
(Address) Dismarck Mo
696

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.

SEP 4 1941

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by....., Registered Apprentice No.

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.

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.)

