

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Frank
City W. C. Mo. (No. 40 of Wellington State 1-112 Mo. Rev.)

Registration District No. 308
Primary Registration District No. 308

File No. 1517-~~10~~
Registered No. 102
Ward

2. FULL NAME

Nellie Johnson Beard

(a) Residence, No. 712 Mo. Rev. St., 14 Ward.

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. S. Beard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-26-1859

7. AGE YEARS 76 MONTHS 4 DAYS 5 If LESS than 1 day,hrs. ormin.

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

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) Ohio13. NAME Lena J. Johnson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary Beard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Donald P. Beard18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn K.C. Mo. DATE 1-31-3419. UNDERTAKER Mrs. E. L. Foster20. FILED 7/1/34 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-31-193422. I HEREBY CERTIFY that I attended deceased from Aug 8 1929, to Jan. 31, 1934I last saw her alive on Jan. 31 1934. Death is saidto have occurred on the date stated above, at 6am

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

Acute Dilatation of Heart Date of onsetChronic Myocarditis

Other contributory causes of importance:

noneName of operation none Date ofWhat test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, no, 19noWhere did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) J. H. Woodard M. D.(Address) 1424 Profound Rd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. John Walker

Prof to

1-p.m.