1950 APR 18 1939

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

9967
Do not use this space.

1. PLACE OF DEATH
(a) County Bates 2 Registration District No. 366
(b) Township Deepwater / Primary Registration District No. 5075 Registered No. 3
or
(c) City ..... (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 Andy Jay Beard
(a) Residence, No. ..... 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

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: Margaret Beard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12. 1894
7. AGE: Years 44 | Months 4 | Days 16 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rich Hill Mo.

FATHER
13. NAME: Andrew Jackson Beard.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

MOTHER
15. MAIDEN NAME: Vienna Beulah Kretzinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Helena Arkansas.

17. INFORMANT (ADDRESS): Mrs. A. J. Beard. Spruce Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Double Branches. DATE March 4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Sulvis Butler Mo.
20. FILED Mar 6 1939 Grace V Odneal Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Monday 6, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1st 38, to Mar 2, 1939
Last saw h— alive on Mar 1st 1938. Death is said to have occurred on the date stated above, at 6 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonary tuberculosis | |
| | |
| | |
| | |

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? ..... 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) L. D. La Rue, M. D.
(Address) Butler, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-5-29
Date Filed 4-12-39

## 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, or~~ by 163 Denton Lisle, Registered Apprentice No. 163, working under my personal supervision.

Signed Henry G. Newell

Licensed Embalmer No. 3111

P. O. Address Butler Ohio

**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.**