

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.

JAN 28 1929

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

Do not use this space.

43739

1. PLACE OF DEATH

County St. Louis
Township Lincoln
City (No.) St. Ward

Registration District No. 823
Primary Registration District No. 6074

File No.
Registered No.

2. FULL NAME

Andrew Jackson Beard

(a) Residence No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/7-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 . 2 - 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work min. farmer
(b) General nature of industry, business, or establishment in which employed (or employer) zinc mine
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Andrew J Beard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah R. Coats

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

14. INFORMANT Emma B. Fay
(Address) 1720 28 Maple Belle

15. FILED 1720 28 Maple Belle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Dec 24, 1928, that I last saw him alive on Dec 27, 1928, and that death occurred, on the date stated above, at 114 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

min. Consumption
114 P
107 W
CONTRIBUTORY (SECONDARY) 107 W
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

8 DID AN OPERATION PRECEDE DEATH:

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) Frank Boyd, M. D.
Dec 30, 1928 (Address) Emmanuel Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, the (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Picher Okla. DATE OF BURIAL 12/30 1928

20. UNDERTAKER Todd Vnd Co ADDRESS Picher Okla.

