

**DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH
 County Hamilton Registration District No. 494 File No. 35201
 Township _____ Primary Registration District No. 0227 Registered No. 3633
 or Village _____ No. _____ St., _____ Ward _____
 or City of Circumstance (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Olive P Beard Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. 1612 main St., _____ Ward _____
 (Usual place of abode) (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 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 Francis Beard
6 DATE OF BIRTH (month, day, and year) May 1862
7 AGE
 Years 65 Months _____ Days 26
 If LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired B.B. Player
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) _____
 (State or country) Kentucky
10 NAME OF FATHER Olive P Beard
11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) Ky
12 MAIDEN NAME OF MOTHER Abigail Ellis
13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or country) Ky

14 Informant Kenneth Beard
 (Address) 1612 main st
Circumstance

15 MAY 31 1929
 Filed _____

 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) May 28 1929
17 I HEREBY CERTIFY, That I attended deceased from May 27 1929, to May 28 1929
 that I last saw him alive on May 28 1929
 and that death occurred, on the date stated above, at 7 o'clock _____ m.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency

(duration) 1 yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. _____ mos. 10 ds.

18 Where was disease contracted _____
 if not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____

What test confirmed diagnosis? _____
 (Signed) O. E. Tiller M. D.
May 29, 1929 (Address) 102 C. Mcnichol

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

19 PLACE of Burial, Cremation, or Removal Crematory **DATE OF BURIAL** 6/3/29
20 UNDERTAKER Walter Goldmans **ADDRESS** 1970 Van
20a WAS THE BODY EMBALMED? yes **EMBALMER'S LICENSE NO.** 2066