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

Do not use this space.

25548

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 7141

Registered No. .....

City St. Louis Mo (No. Mo. Baptist Sanitarium St. ..... Ward)

2. FULL NAME Agness Byrd

(a) Residence. No. 5326 Kellen ave St. 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	25	5	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Edwin Fritze

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

12. MAIDEN NAME OF MOTHER Rose N. Woolridge

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

14. INFORMANT Howard Byrd
(Address) 5326 Kellen ave

15. FILED AUG -7 1927, 19..... Mae C Harkless REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1927

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1927, to Aug 6, 1927, that I last saw h.e.r. alive on Aug 5, 1927, and that death occurred, on the date stated above, at 6:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia -
1 3 0 1 7
1 0 1 B
1 0 1 B Two days (duration) ..... yrs. ..... mos. ..... ds.
1 0 1 B Appendicitis + Salpingo-Abscess
CONTRIBUTORY (SECONDARY) and Operation for 2 years
(duration) ..... yrs. ..... mos. .....
Operation for Appendicitis + Salpingitis

18. WHERE WAS DISEASE CONTRACTED Normal Puerperal Causes Known
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 3, 1927

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. L. Crossen, M. D

Aug 7, 19 (Address) Missouri Chest Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
South Greenfield Mo	Aug 7 1927
20. UNDERTAKER	ADDRESS
Hy Leidner Und Co	N. Market St

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.

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