MAR 2 1 1928 1928-2-2 1858. 11-22 69-2-10

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

Do not use this space.

6129

File No.

Registered No. 14

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near Farmington (No. ..... St. ..... Ward)
Registration District No. 773
Primary Registration District No. 6018A

2. FULL NAME George Byrd
(a) Residence. No. State Hospital No. 4 St. ..... Ward. Bloomfield, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 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)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69 ~~66~~	2	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 15B
(b) General nature of industry, business, or establishment in which employed (or employer) 54
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~
(STATE OR COUNTRY) Tennessee

PARENTS
10. NAME OF FATHER David P. Bird
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ~
(STATE OR COUNTRY) West Tenn.
12. MAIDEN NAME OF MOTHER Mary Maynard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ~
(STATE OR COUNTRY) West Tenn.

14. INFORMANT Commitment Papers
(Address)

15. FILED 2-2-1928 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928, to Feb 2, 1928
that I last saw him alive on Feb 1, 1928, and that death occurred, on the date stated above, at 12 15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gynical Septicaemia, due to following puerperal cellulitis of left arm B. Streptococcic infection
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Very untidy unttelly deranged case.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 1536
IF NOT AT PLACE OF DEATH? ~
Did an operation precede death? no Date of ~
Was there an autopsy? no
What test confirmed diagnosis? clinical
(Signed) P. S. Tate, M. D
, 19 (Address) Hosp. Farmington Mo.

*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
Advance Mo	2-5 1928
20. UNDERTAKER C.O. Biggs	ADDRESS Dexter Mo

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.