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

Do not use this space.

8737

File No. .....

Registered No. 4

1. PLACE OF DEATH

County: Iron

Township: Arcadia

City: ..... (No. ..... St. ..... Ward)

Registration District No. 392

Primary Registration District No. 5-5-46 B

2. FULL NAME: Golda Virginia Bird

(a) Residence. No. ..... 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: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

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

7. AGE: Years — | Months: 8 | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: ✓
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Pilot Knob, Mo
(STATE OR COUNTRY): Iron Co. Mo

PARENTS

10. NAME OF FATHER: Lonie Bird

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Iron Co. Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Mozer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bonneville
(STATE OR COUNTRY): Mo

14. INFORMANT: Lonie Bird
(Address): Pilot Knob, Mo

15. FILED 3-5-1928 L. J. Effinger, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13 1928, to March 4 1928 that I last saw h. alive on March 4, 1928, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchio-Pneumonia

10 DA (duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. N. Gay, M. D.

3-5-, 1928 (Address) Doniphan 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: Eidson Cemetery near Bellevue Mo — DATE OF BURIAL: 3/6 1928

20. UNDERTAKER: S. E. Bond — ADDRESS: Doniphan

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.

Did Bronchopneumonia follow measles or whooping cough or was pneumonia primary cause?

Pneumonia was primary cause

1928
S-8737

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Iron — Registration District No. 392 — File No.

Township Arcadia — Primary Registration District No. 5546 B — Registered No. 4

City (No. , St. Ward)

2. FULL NAME Golda Virginia Bird

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 1928

7. AGE — YEARS — MONTHS: 8 — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 5-10- 1928 L. J. Effinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw b alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
100 W
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 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) , M. D
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every item ... tion sh... ed. AGE should ... EXACTLY. PHYSICI... state CAUSE OF DEATH ... terms, ... ly classified. Ex... atement of OCCUPATION ... tant.

REGISTRARS ... NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY ...

CEL3-5