

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

Do not use this space.

APR 26 1928

1. PLACE OF DEATH

County Franklin
Township Spring Creek
City Spring Creek (No. 0)

Registration District No. 266
Primary Registration District No. 5670

File No. 12782
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(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 M 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) June 9 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
X 17 10 27

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) Winklev
(STATE OR COUNTRY) MO

10. NAME OF FATHER Charley Byrd

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

12. MAIDEN NAME OF MOTHER Loa Ray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St James
(STATE OR COUNTRY) MO

14. INFORMANT Frank Byrd
(Address) Saline MO

15. FILED , 19

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1928

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1928, to April 5, 1928.
that I last saw him alive on April 4, 1928, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hepatitis acute

130 (duration) yrs. mos. 10 ds.

CONTRIBUTORY Tuberculosis By was
(SECONDARY)

Barred Blind (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. G. Dickey, M. D.
, 19 (Address) Saline 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

Ashe Cemetery April 6 1928

20. UNDERTAKER B. D. Hobson ADDRESS Saline 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.

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