

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

12928

## 1. PLACE OF DEATH

County FranklinRegistration District No. 318Township SpringfieldPrimary Registration District No. 209File No. 871City Springfield (No. 302)Hospital Robert HospitalRegister No. 871

## 2. FULL NAME

(a) Residence. No. Springfield 302 St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male

## 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

single

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

Apr. 22 - 1896

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.311122

## 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

ex-Superintendent

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 10. NAME OF FATHER

Willis Byrd

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 12. MAIDEN NAME OF MOTHER

Edw. Gordenham

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

## 14.

INFORMANT (Address)

Mrs. Willis Byrd  
1111 Chestnut Ave.

## 15.

FILE

4-16-28  
Oct 1st 1928

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 14 - 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from 1928 to 4 - 14 - 1928that I last saw him alive on 4 - 13 - 1928, and that death occurred, on the date stated above, at 6:13 PM.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza ChronicCONTRIBUTORY (SECONDARY) Purulent Pneumonia

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF -WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? aspiration with needle(Signed) J. R. Rabin M. D.  
4/16 1928 Address Springfield Mo

\*State the DISEASE CAUSING DEATH, or in cases 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

National Cem.4-17 1928

## 20. UNDERTAKER

## ADDRESS

W. F. Harris  
Springfield

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

