

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.

JAN 23 1929

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

Do not use this space.

41375

1. PLACE OF DEATH

County Jasper
Township Joplin
City Webb City

Registration District No. 417

Primary Registration District No. 3021

File No. _____

Registered No. 150

St. _____ Ward _____

2. FULL NAME Asa W. Byrd

(a) Residence. No. 420 North Tom

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

5A. If MARRIED, Widower, or Divorced—
HUSBAND OF
(or) WIFE OF

Mrs. Dixie Byrd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29th. 1875

7. AGE

YEARS

MONTHS

DAYS

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

53

7

25

8. OCCUPATION OF DECEASED

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

(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) Illinois

10. NAME OF FATHER

George Byrd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Mary Webb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs. Dixie Byrd

(Address) Webb City Mo.

15. FILED 12/14 1928

P. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14th. 1928

17.

I HEREBY CERTIFY That I attended deceased from 12-14, 1928, to 12-14, 1928,
that I last saw him alive on 12-14, 1928, and that
death occurred, on the date stated above, at 10 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. H. Ceraisy, M. D.

10/15 1928 (Address) Webb City, 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

Carterville Cem.

DATE OF BURIAL

12/16/ 19 28

20. UNDERTAKER

Steele Und. Co. Webb City Mo.

ADDRESS

