

FEB 2 1929

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

862

1. PLACE OF DEATH

County DanielRegistration District No. 254Towship PattersonPrimary Registration District No. 4154City Patterson(No. 110)File No. 2Registered No. 2St. Mo.Ward 22. FULL NAME Mary A. Byrd(a) Residence. No. 110St. Mo.Ward 2

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 90 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jessie6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 17 - 1836

7. AGE

YEARS 92MONTHS 5DAYS 27If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelby Co. Ind

(STATE OR COUNTRY)

10. NAME OF FATHER James Williams11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jennie Bailey13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind

(STATE OR COUNTRY)

14. INFORMANT Jessie Byrd(Address) 110 Patterson15. Jan 14, 1929

FILED

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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Jan 14, 1929
 that I last saw him alive on Jan 14, 1929, and that death occurred, on the date stated above, at 9:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infarction
11B
11B
 (duration) hrs. mos. da.
 CONTRIBUTORY (SECONDARY)
 (duration) hrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? XDID AN OPERATION PRECEDE DEATH? no DATE OF 1WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Postal inspection(Signed) Frank Hedges, M.D.(Address) Patterson

*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 Old TownDATE OF BURIAL 1-16-2820. UNDERTAKER Edgar Patterson

ADDRESS

July 20 - 90

11111

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-14
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met with