

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

Do not use this space.

48

1461

1. PLACE OF DEATH

County Jackson Registration District No. 2310
Township Norton Primary Registration District No. 1
City Norton (No. 2310)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Guy Julian Birdspace
(a) Residence, No. 2310 Norton St. W. 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 29 1877

7. AGE YEARS 54 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work American Express Co
(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) Ill

10. NAME OF FATHER Horace Birdspace

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

12. MAIDEN NAME OF MOTHER Ella

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record.

14. INFORMANT Mary E Birdspace
(Address) 2310 Norton St.

15. FILED 1/5/29 Dr M Come
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 4 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec. 17 1928 to Jan. 3 1929
that I last saw him alive on Jan. 3 1929 and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (complete sight) 105
for past 7 months - cause unknown
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Acute myocarditis
(SECONDARY) with decompensation
(duration) _____ yrs. _____ mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED 8813 2310 Norton
IF NOT IN PLACE OF BIRTH no
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Dr. J. L. Foster M. D.
Jan 4, 1929 (Address) 24th & Jackson

*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 Forest Hill DATE OF BURIAL Jan 7 1929

20. UNDERTAKER Mrs. C. L. Foster K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

24 + Jackson

12.7.88

CRANSTON G. VINCENT, M.D.

24th & JACKSON AVE.
KANSAS CITY, MO.

January 11, 1929.

Missouri State Board of Health,
Jefferson City, Mo.

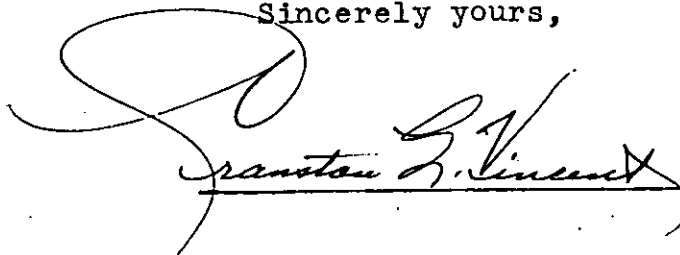
Dear Sirs:-

In filling out the death certificate for
Guy Julian Birdsall, of 2310 Norton Ave., of the city,
I made an error in stating that the duration of his
hemiplegia was seven months. It was 16 (Sixteen) months and should be so changed.

Insurance papers are being filled out now, and this error came to my notice.

RECEIVED
JAN 12 1929
MISSOURI STATE BOARD OF HEALTH
OF MISSOURI.

Sincerely yours,


Cranston G. Vincent M.D.

1941-5