

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.

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

Do not use this space.

1479

1. PLACE OF DEATH

County Jackson
Township Lean
City Kansas City (No. 722)

Registration District No. 309
Primary Registration District No. 1002

File No. 65
Registered No. 65
St. 12 Ward

2. FULL NAME

(a) Residence. No. 494 N. Elmwood 10 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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 21 / 1855

7. AGE YEARS 73 MONTH 6 DAYS 15 IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Mason
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

10. NAME OF FATHER Miles R. Byrd

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

12. MAIDEN NAME OF MOTHER Sarah Van Otter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT De and Clerk
(Address) 722 C. General Hosp.

15. Jan 7, 1929 M. Browne
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-5, 1929 to 1-6, 1929
that I last saw him alive on 1-6, 1929 and that death occurred, on the date stated above, at 7:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
107A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Plur. Findings
(Signed) P. E. Williams M. D.

1-7, 1929 (Address) Supt. 722 C. General Hosp.

*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

Wt. Washington 1929

20. UNDERTAKER Wt. Mast ADDRESS 1915 East 15

