

N. E.—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.

3878

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

ST. Louis

(No. 14153

Rowan

2. FULL NAME

(a) Residence. No.....

14153 Rowan

St.,

6

Ward.

Length of residence in city or town where death occurred

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

m

4. COLOR OR RACE

w

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

married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF

Leona Byrd

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

July 2, 1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

36

6

7

8. OCCUPATION OF DECEASED

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

Chauffeur

(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)

Clinton Tenn.

10. NAME OF FATHER

James W. Byrd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Knoxville Tenn.

12. MAIDEN NAME OF MOTHER

Myra Peters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT (Address)

James W. Byrd 14153 Rowan

15.

FILED

111 May C. Starker

REGISTRAR

791

1003

File No.....

Registered No.....

St.

Ward)

487

2

MEDICAL CERTIFICATE OF DEATH

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

Jan 9 1929

17.

I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

that I last saw b. alive on

, 19

death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

924

CONTRIBUTORY (SECONDARY)

Chronic Endocarditis

W. M. A.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

1/10, 1929 (Address)

*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

DATE OF BURIAL

Sparta Ill

Jan 11 1929

20. UNDERTAKER

ADDRESS

Elmer Shepard 1167 Hamilton

