

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

Do not use this space.

9146

1. PLACE OF DEATH

County Scott
 Township Richland
 City Sikeston (No.)

Registration District No. 821
 Primary Registration District No. 6470

File No. 35
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence. No. Clifford Byrd St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

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

child

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

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

Sept. 26 - 1923

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5

4

9

8. OCCUPATION OF DECEASED

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

(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)

Charleston
Mo

10. NAME OF FATHER

Byron Byrd

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

McKinsie
Tenn

12. MAIDEN NAME OF MOTHER

Annie McLanahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Beardstown
Tenn

14. INFORMANT
 (Address)

Mrs. Ida Cude Bates
Sikeston Mo.

15. FILER

2/18/29
John Edmond
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1929

HEREBY CERTIFY, That I attended deceased from Feb 6, 1929, to Feb 5, 1929, that I last saw him alive on Feb 5, 1929, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial infarction

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Wilson, M. D.

, 19 (Address) Sikeston 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

DATE OF BURIAL

Sikeston Memorial Park 2-6 1929

20. UNDERTAKER

ADDRESS

John Albritton
Sikeston
Mo.

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.

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