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

Do not use this space.

File No. 01131

Registered No.

1. PLACE OF DEATH

County JASPER Registration District No. 407

Township Primary Registration District No. 1241

City Carterville (No. , St. Ward)

2. FULL NAME VIRGIE AGNES BYRD

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/28/1906

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
23	1	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSE WIFE
(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) OKIAHOMA

PARENTS

10. NAME OF FATHER T. A. JOHNSON

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

12. MAIDEN NAME OF MOTHER ELLA HITT

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

14. INFORMANT CHAS. BYRD
(Address)

15. FILED 3-12, 1929 C E Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11/29 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 11 1929, to Mch 11 1929, that I last saw him alive on Mch 11, 1929, and that death occurred, on the date stated above, at about 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Due to overturning of automobile -

21 DM (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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) Hy Simmons, M. D.
3/11, 1929 (Address) Coroner Jasper Co.

*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
Stony Point Cemetery	Mar 13, 1929
20. UNDERTAKER	**ADDRESS**
Steele Und Co. Webb	City Mo.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County: Jasper — Registration District No.: 407 — File No.:

Township: — Primary Registration District No.: 4241 — Registered No.:

City: Carterville (No. ..., ... St. ..... Ward)

2. FULL NAME Virgie Agnes Byrd

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.

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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14. INFORMANT.....
(Address)

15. FILED 3-13, 1929 — C. L. Gray, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/11 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., that I last saw h... alive on ..... 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental - Due to over-turning of Automobile
1/2 mile N. of Carterville on 66-71 State highway
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) Cause - Partie at side of driver seized the wheel and and turned the car into the ditch. Thought she saw train aproching
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? None coming
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ..... M. D.
, 19 (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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-11131