

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

Do not use this space.

11131

1. PLACE OF DEATH

County..... JASPER Registration District No. 407
Township..... Primary Registration District No. H241
City..... Eastonville No. St. Ward)

File No.
Registered 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 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) OKLAHOMA

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. H. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 11 1929 to March 11 1929 that I last saw her alive on March 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 -

210 min (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Sam Summers, 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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses and income.

The second part of the document provides a detailed breakdown of the accounting cycle. It outlines the ten steps involved in the process, from identifying the accounting entity to preparing financial statements. Each step is explained in detail, with examples provided to illustrate the concepts.

The third part of the document discusses the various types of accounts used in accounting. It categorizes accounts into assets, liabilities, equity, revenue, and expense accounts. It also explains the normal balances for each type of account and how they are used to calculate the net income or loss for a period.

The fourth part of the document covers the process of adjusting entries. It explains why adjusting entries are necessary and provides a step-by-step guide to preparing them. Examples are provided for each of the five types of adjusting entries: accrued expenses, accrued revenues, prepaid expenses, unearned revenues, and depreciation.

The fifth part of the document discusses the preparation of financial statements. It outlines the steps involved in preparing the income statement, balance sheet, and statement of owner's equity. It also explains how these statements are used to evaluate the financial performance and position of a business.

The sixth part of the document covers the process of closing the books. It explains how the temporary accounts (revenue, expense, and owner's drawing) are closed to the permanent accounts (assets, liabilities, and equity). It also discusses the importance of closing the books at the end of each accounting period.

The seventh part of the document discusses the importance of internal controls. It explains how internal controls help to prevent and detect errors and fraud. It provides a list of common internal controls and explains how they are implemented in a business.

The eighth part of the document covers the process of auditing. It explains the role of an auditor and the steps involved in an audit. It also discusses the importance of an independent audit in providing assurance to investors and other stakeholders.

The ninth part of the document discusses the various types of taxes that a business may be required to pay. It explains the difference between income taxes, sales taxes, and property taxes. It also provides a list of common tax deductions and explains how they can be used to reduce a business's tax liability.

The tenth part of the document covers the process of budgeting. It explains how a budget is used to plan for the future and to control costs. It provides a step-by-step guide to preparing a budget and explains how it can be used to evaluate the performance of a business.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Gasper Registration District No. 407 File No. _____
 Township Cartersville Primary Registration District No. 4241 Registered No. _____
 City _____ (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M
(write the word)

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 Cartersville,
on 66-71. State highway
 CONTRIBUTORY (SECONDARY) cause, Partie at side of driver
Seized the wheel and turned
the car into the ditch. Thought
she saw train approaching

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

REGISTRARS SHALL NOT RECEIVE A FEE-NO CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-11131