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

Do not use this space.

36788

1. PLACE OF DEATH
County Dunklin — Registration District No. 288 — File No.
Township Independence — Primary Registration District No. 4172 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Virginia Van Byrd
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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 F
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) July-14-1929

7. AGE — YEARS — MONTHS 3 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kennett, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Leroy Byrd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Vernon Ind.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ava Foley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kennett Mo
(STATE OR COUNTRY)

14. INFORMANT Leroy Byrd
(Address) Kennett, Mo.

15. FILED 11/6, 1929 Wheeler Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/5 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/1/29 11/4/29, 19..., to ..., 19..., that I last saw her alive on 11/3/29, 19..., and that death occurred, on the date stated above, at 10:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inter Coletes
119 B
(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) 113B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
11/ , 19 (Address) Kennett 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 Stanfill — DATE OF BURIAL 11/5 1929

20. UNDERTAKER Baldwin Furn Mud. Co — ADDRESS Kennett, 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.

35 NOV 25 1929