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

Do not use this space.

41892

1. PLACE OF DEATH
County St Francois — Registration District No. 1115 — File No.
Township Liberty — Primary Registration District No. 6021 — Registered No. 13
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elsworth Edwin Bird
(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: Male
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 Lorine Georgeanne Bird

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29, 1868

7. AGE: Years 61 — Months 7 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Bellfast Maine
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER David E. Bird
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Crabtree
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bellfast Maine
(STATE OR COUNTRY)

14. INFORMANT Mrs Lorine Bird
(Address) Knob Lick Mo.

15. FILED 12/12, 1929 F. G. A. Rydeen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Dec 10, 1929, that I last saw him alive on Dec 9, 1929, and that death occurred, on the date stated above, at 10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis
(duration) 2 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Valvular heart lesions
(duration) ..... yrs. 12 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) W Harry Barron, M. D
12/12, 1929 (Address) Fredericktown 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: 100 F. Knob Lick
DATE OF BURIAL: Dec 12 1929

20. UNDERTAKER: Neudert and Co.
ADDRESS: Farmington 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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