

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

67
4
3

20 1933

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

Do not use this space.

2138

1. PLACE OF DEATH

County Miss Registration District No. 567
Township 34 Primary Registration District No. 2334
City East Prairie Mo. (No.) St. Ward)

File No. 1567
Registered No. 567

2. FULL NAME

(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.

Cynthia Lucinda Byrd.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Alva Burton Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1902

7. AGE YEARS 28 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) East Prairie (STATE OR COUNTRY) Mo

13. NAME Cornelius Oscar Pesan

14. BIRTHPLACE (CITY OR TOWN) Leban (STATE OR COUNTRY) Mo

15. MAIDEN NAME Julia Ann Piper

16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Alva B. Byrd
East Prairie Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE 1/11 1933

19. UNDERTAKER (ADDRESS) Meris Shelby
East Prairie Mo.

20. FILED Jan 23, 1933 D. M. Hodges Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12th 1931

22. I HEREBY CERTIFY, that I attended deceased from Jan 1 1931, to Jan 12 1931. I last saw her alive on Jan 11 1931. Death is said to have occurred on the date stated above, at 79 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
Other contributory causes of importance:

Date of onset Jan 7/31

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) George W. Whitaker, M. D.
(Address) East Prairie Mo

