

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

Do not use this space.

PLACE OF DEATH

County Peters
Township Adalia
City Adalia (No.)

Registration District No. 668
Primary Registration District No. 2032

File No. 2380
Registered No. 19
St. Ward

2. FULL NAME Infant
(a) Residence. No. 316 East St. Louis St. 2 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Jan - 16 - 31
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 4 hrs. or 4 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

None

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

Adalia Mo

PARENTS

10. NAME OF FATHER Jack Byrd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo
12. MAIDEN NAME OF MOTHER Stella Ruth Temple
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Adalia Mo

14. INFORMANT Ira Brown (Address) Adalia Mo
15. FILED 1-17-31 REGISTRAR J. L. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/16/31 to 1/17/31
that I last saw him alive on 1/16/31, and that death occurred, on the date stated above, at 1:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ind. of closure of pericardium

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) Dr. Edwards, M. D.

, 19 (Address) 5th & Engineer

*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

Adalia Mo 1/17 1931

20. UNDERTAKER ADDRESS

McLaughlin Bros Adalia

