

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

Do not use this space.

25490

1. PLACE OF DEATH  
 County Lafayette Registration District No. 460  
 Township Davis Primary Registration District No. 0624a  
 City Higginsville, Mo. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Billy Lea 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.

File No. \_\_\_\_\_  
 Registered No. 24  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) May 20th 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2

**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) Butler, Mo.  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER William Bird  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pendelton, Ore.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Mildred Sheridan  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kahoka, Missouri.  
 (STATE OR COUNTRY)

14. INFORMANT Wm Bird  
 (Address) Higginsville, Mo.

15. FILED 7-21, 1931 Bessie Porter  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1931

17. I HEREBY CERTIFY, That I attended deceased from July 18 to July 20, 1931, and that I last saw her alive on July 20, 1931, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS: -

Congenital Syphilis -

34  
 CONTRIBUTORY (SECONDARY) 34 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Butler, Mo.  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Histology

(Signed) J. H. Kappenberg, M. D.

July 21, 1931. (Address) Higginsville, 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 City Cemetary-Higginsville DATE OF BURIAL 7/21 1931

20. UNDERTAKER as above ADDRESS Higginsville, 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.

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

AUG 26 1931

