

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.

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

Do not use this space.

41484

1. PLACE OF DEATH

County Burlington
Township _____
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 135
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Paul J. Byrd St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-31-1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 26

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

12. BIRTHPLACE (CITY OR TOWN) Burlington Mo. (STATE OR COUNTRY)

13. NAME Paul Byrd

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Catharine Gibbs

16. BIRTHPLACE (CITY OR TOWN) Gair Mo. (STATE OR COUNTRY)

17. INFORMANT Bertie Byrd (ADDRESS) Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Longill Hill DATE Dec-29-1931

19. UNDERTAKER Jas D. Gordon (ADDRESS) Chillicothe Mo.

20. FILED Dec 28, 1931 R. Barney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-27-1931

22. I HEREBY CERTIFY, That I attended deceased from now, 19____, to now, 19____

I last saw him alive on 2 years ago, 19____. Death is said to have occurred on the date stated above, at 5:30 m. p.

The principal cause of death and related causes of importance were as follows: acute dilatation of heart - 95B

near Garage on N. Highway of Chillicothe Mo.

Other contributory causes of importance: While pumping up auto mobile tire, dropped and died instantly

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? _____

If so, specify _____ (Signed) Ruben Barney M. D.

(Address) Chillicothe Coroner

