

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

Do not use this space.

9686

1. PLACE OF DEATH

87 County Ralls Registration District No. 547 675 File No. _____
 Township Saverton Primary Registration District No. 30296968 Registered No. 95
 City New London (No. Saverton) St. _____ Ward _____

2. FULL NAME

Joseph M. Bird
 (a) Residence, No. Saverton 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.

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 Helen Jane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 3

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) (STATE OR COUNTRY) Ralls County Mo

13. NAME George Bird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

15. MAIDEN NAME Sarah Hagar

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

17. INFORMANT Laverne Bird (ADDRESS) Amoyk, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Amoyk Cem. DATE 3/25/1932

19. UNDERTAKER James O'Donnell (ADDRESS) Hannibal, Mo

20. FILED 329 1932 Sydney Raso Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1932, to Mar 22, 1932. I last saw him alive on Mar 21, 1932. Death is said to have occurred on the date stated above, at 2 a. m.

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

118 Meningitis

Date of onset 3/2/32

Other contributory causes of importance: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? fulcrum 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 _____, 1932

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) A. L. Shaulco, M. D.

(Address) Hannibal, 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.

APR 28 1932

