

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

Do not use this space.

20399

1. PLACE OF DEATH

78 County Perris cot Registration District No. 655
Township Pascola Primary Registration District No. 5870
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Susan Frances Byrd
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Byrd - Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 1857

7. AGE YEARS MONTHS DYS If LESS than 1 day,hrs. ormin.
74 9 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lived with son
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) not known

14. INFORMANT Ernest Byrd
(Address) Pascola Mo

15. FILED 6/20 1932 Mrs T.R. Cole
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1932

17. I HEREBY CERTIFY, That I attended deceased from June 8 1932 to June 20 1932 that I last saw her alive on June 19 1932 and that death occurred, on the date stated above, at 3:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia

(duration) _____ yrs. _____ mos. 12 ds.

CONTRIBUTORY (SECONDARY) Spinal
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Johnson M. D.

June 21 1932 (Address) Hayte 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 Wardell Mo DATE OF BURIAL June 19 1932

20. UNDERTAKER Charlie Cross ADDRESS Deering 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.

26 1932

WITH OUPDING INK—THIS IS A PERMANENT RECORD

