

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

Do not use this space.

25165

1. PLACE OF DEATH  
 108 County Vernon Registration District No. 875  
 2 Township \_\_\_\_\_ Primary Registration District No. 3039  
 7 City Nevada (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Henry Frederick Birdseye  
 (a) Residence, No. 828 N Lynn St., 2 Ward. (If non-resident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 27 1932

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1880  
 7. AGE YEARS 40 MONTHS 52 DAYS 0 If LESS than 1 day, hrs. min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Abstract Lawyer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 206  
 10. Date deceased last worked at this occupation (month and year) July 15-1932 11. Total time (years) spent in this occupation 25  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Missouri  
 FATHER  
 13. NAME John Birdseye  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 MOTHER  
 15. MAIDEN NAME Mary Manahan  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT (ADDRESS) Wernice Heston Nevada Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwood, C. DATE July 27 1932  
 19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo  
 20. FILED 8-9-32 E. R. King Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932  
 22. I HEREBY CERTIFY That I attended deceased from Jan 1 1930 to Jan 20 1932  
 I last saw him alive on 7-20 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Alcoholism  
75B 72  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Water, M. D.  
 (Address) Nevada 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.

