

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

Do not use this space.

31597

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. 4)

Registration District No. 104
Primary Registration District No. 3008

File No. 31597
Registered No. 200
St. _____ Ward _____

2. FULL NAME

Mary E. Byrd
(a) Residence, No. 1577 St. Marys Jefferson City Mo. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 1/2 yrs. 3 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 J. E. Byrd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1888
7. AGE YEARS 44 MONTHS 8 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1931 to Oct 26 1932.
I last saw her alive on Oct 26 1932 Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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

Metastatic Carcinoma of pelvic and Peritoneal lymph glands
53 E
Other contributory causes of importance: Carcinoma of the Cervix
Date of onset

MOTHER FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo.
13. NAME James Mc Murdo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Alma Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? (D) 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 _____

17. INFORMANT Records of State Hospital No. 1 (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Reveries DATE 27 1932
19. UNDERTAKER Dawson Soumerai (ADDRESS)
20. FILED 10-26 1932 R. M. Crews Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) T. J. Lapp, M. D.
(Address) Fulton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

~~FILE NO.~~

1. PLACE OF DEATH

County Callaway
Township _____
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 200
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mary E. Byrd 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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)

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 10 1932 R. M. Owen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

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

metastatic carcinoma of pelvic & peritoneal lymphatic glands. Date of onset _____

Other contributory causes of importance: Carcinoma of the cervix was the seat of the primary lesion.

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? _____ If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

S-31597