

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.

36656

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. ....

Township .....

Primary Registration District No. 3032

Registered No. 303

City Sedalia (No. 210 N. Washington)

St. .... Ward) .....

2. FULL NAME

Place James Byrd

(a) Residence No. 113 E. Pettis St. .... Ward. .... (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Annie Byrd (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-17-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 11 19

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Waiter 247 (b) General nature of industry, business, or establishment in which employed (or employer) Hotel (c) Name of employer J. A. Robinson

9. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Copier Co Mo

10. NAME OF FATHER James Byrd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know (STATE OR COUNTRY) don't know 31

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know (STATE OR COUNTRY) don't know

14. INFORMANT Annie Byrd (Address) Sedalia Mo

15. FILED 11-19-32 J. J. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-16-1932

17. I HEREBY CERTIFY, That I attended deceased from wound body 19... to 19... that I last saw h. .... alive on 19... and that death occurred, on the date stated above, at 19...

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Acute dilatation of Stomach

118 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 5

IF NOT AT PLACE OF DEATH: ...

DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. J. Bishop Coroner, M. D.

, 19 (Address) Sedalia 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 Sedalia Mo DATE OF BURIAL Nov-19-32

20. UNDERTAKER W. J. Ferguson ADDRESS Sedalia

