

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

Do not use this space.

41592

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Mo

Registration District No. 1170
Primary Registration District No. 6248

File No. _____
Registered No. 206
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7108 Dale St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie E. Byrd
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 1844
8. AGE YEARS 88 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg.
10. Date deceased last worked at this occupation (month and year) Jan. 1920 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Graves Co Ky (STATE OR COUNTRY) Ky

13. NAME Jesse Byrd
14. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY) Va

15. MAIDEN NAME Jane Crump
16. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY) Va

17. INFORMANT H. O. Byrd (ADDRESS) 7108 Dale Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE _____ 19. _____

19. UNDERTAKER Chas. J. and Sons (ADDRESS) 6115 Delmar

20. FILED Dec 10 1932 R. J. Ambrose Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 19 32

22. I HEREBY CERTIFY, That I attended deceased from Mar 1922 to Dec 10 1932

I last saw him alive on Dec 10th 1932 Death is said to have occurred on the date stated above, at 12:50 P.m.

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

myocarditis (chronic) 10-1-31
92c

Other contributory causes of importance: Pulmonary edema 12-9-32

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) Walter Byrd M. D.
(Address) 6635 Delmar Blvd

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

