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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space. 1959

1. PLACE OF DEATH

49 County Jasper Registration District No. 411 File No. 53

7 Township Galena Primary Registration District No. 3 [illegible] Registered No. [illegible]

5 City Joplin (No. .... St. .... Ward)

2. FULL NAME Austin Byrd Jr

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28 1925

7. AGE YEARS 7 MONTHS 8. DAYS 27 If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

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

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

21 / 12 / 9 / 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

FATHER

13. NAME Austin Byrd

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

MOTHER

15. MAIDEN NAME Mabel Ford.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

17. INFORMANT (ADDRESS) Mrs Mabel Byrd Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 1-27 1933

19. UNDERTAKER (ADDRESS) [illegible] Joplin Mo.

20. FILED .... 1933 [illegible] Clark Registrar.

25

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....

I last saw h... alive on Jan 24 1933 Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Peritonitis due to ruptured intestine by being hit by automobile — Date of onset 1-23

Other contributory causes of importance:

210

Name of operation abdominal [illegible] 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? Accident Date of injury 1-23, 1933

Where did injury occur? about 21 & Wall St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on street of city of Joplin

Manner of injury auto injury

Nature of injury hit on abdomen by fender of car

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify none

(Signed) W. G. Hogan, M. D.

(Address) Coroner