

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

Do not use this space.

6268

1. PLACE OF DEATH

County Franklin
Township Watts
City Watts (No. 1174)

Registration District No. 444
Primary Registration District No. 4262

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

John Scott Byrd

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

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. (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 (write the word)

Widowed

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

E Byrd

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

July 9 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

76

7

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Sheldon Iowa

PARENTS

10. NAME OF FATHER

John S Byrd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Valerago Ind

12. MAIDEN NAME OF MOTHER

Elizabeth Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Louisville Ky.

14.

INFORMANT (Address)

Mrs Roy Corbitt
Watts

15.

FILED

Feb 14 1933

J. R. Hartman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 13 1933

17.

I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Feb 13, 1933
that I last saw him alive on Feb 13, 1933 and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

organic heart lesion
952

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Hal McQuinn, M. D.

Feb 14, 1933 (Address) Watts Ky 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

DATE OF BURIAL

Topeka Kansas

Feb 16 1933

20. UNDERTAKER

ADDRESS

C. J. Seeger

Watts

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.

THIS IS A PERMANENT RECORD

