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

Do not use this space.

File No. 22725

Registered No. 50

1. PLACE OF DEATH

County Dent Registration District No. 266

Township Primary Registration District No. 4164

City Salem (No. , St. Ward)

2. FULL NAME Mrs Amanda Stevens Byrd

(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: female | 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: Joseph Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31 1866

7. AGE — Years: 67 | Months: 3 | Days: 11 | If LESS than 1 day, ...hrs. or ...min.

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Missouri

FATHER

13. NAME: Willis A Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ky

MOTHER

15. MAIDEN NAME: Mary Bouyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): --- Mo

17. INFORMANT (ADDRESS): Mrs Ownes Salem Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Stonyhill DATE: 7/14 1933

19. UNDERTAKER (ADDRESS): Earl K. Spencer Salem Mo

20. FILED 7/13 1933 H. E. Riddle Rec. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933, to July 12, 1933, that I last saw h.. alive on July 12, 1933. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Fractured Skull — Date of onset July 12 1933
Occipital Bone
1st
1944

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 12, 1933
Where did injury occur? Salem Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Slipped & fell. Struck back of head on stone
Nature of injury Fracture of occipital bone & skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Duties housework
(Signed) C. C. Bath M.D. Dent County Coroner
(Address) Salem, Missouri

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 NON-FADING INK—THIS IS A PERMANENT RECORD

AUG 24 1933