

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

Do not use this space.

33737

1. PLACE OF DEATH

County Miss Registration District No. 566
Township Y. W. Co. City Primary Registration District No. 3030
City Charleston (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 127

2. FULL NAME

(a) Residence No. 1. Elm St. 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 - 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 4

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

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) Charleston, Mo.

13. NAME Bryan Byrd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co Ky

15. MAIDEN NAME Lela Dixon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Ill

17. INFORMANT (ADDRESS) Bryan Byrd, Charleston, Mo. Elm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Oct. 28, 1933

19. UNDERTAKER (ADDRESS) Charleston Fun. Hnd. Co. Charleston, Mo.

20. FILED Oct 28, 1933 F. D. Deamon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933 to Oct 27, 1933

I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 8:00 m.

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

Malnutrition Date of onset birth

1.58

Other contributory causes of importance: 1.58

Name of operation none Date of _____

What test confirmed diagnosis Aut. Sympt Was there an autopsy? no

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? _____

If so, specify _____

(Signed) E. Chad Ralving, M. D.

(Address) Charleston Mo.

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

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.

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