

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.

NOV 14 1933

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

Do not use this space.

1. PLACE OF DEATH
78 County Pennington Registration District No. 11 0 9
Township Little Prairie Primary Registration District No. 1 6 7
City Hardell St. _____ Ward _____

2. FULL NAME Kora May 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.

File No. 34006
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Jan 25-1932

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

OCCUPATION
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) Hardell Mo

MOTHER FATHER
13. NAME M. L. Byrd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield Mo
15. MAIDEN NAME Cary O. Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Providence Ky

17. INFORMANT Father
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardell DATE Mo 19 _____

19. UNDERTAKER Cheesy Nickerson
(ADDRESS) Waynes Mo

20. FILED 16-16-1933 Opal Zwick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1933, to 10-12, 1933
I last saw h. alive on 10-12, 1933 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
10-10-33
Colitis
119B 111E
Other contributory causes of importance: none

Name of operation None 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? _____
If so, specify _____
(Signed) J. H. Denton, M. D.
(Address) Hardell Mo

7