

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

Do not use this space.

85

35703

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township St. Joseph, Mo.

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. Sunnyslope Hospital)

File No. 1082

Registered No. 1082

St. Ward

2. FULL NAME Plas Byrd

(a) Residence, No. Unknown 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>Unknown</u>	1. DAY <u>Unknown</u>
		IF LESS than 1 day, ...hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>
	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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13. NAME <u>Unknown</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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15. MAIDEN NAME <u>Unknown</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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17. INFORMANT (ADDRESS) <u>Hospital Records</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City</u> DATE <u>Nov. 7, 1933</u>

19. UNDERTAKER (ADDRESS) <u>Fleming Mortuary, Inc., St. Joseph, Mo.</u>

20. FILED <u>11-6-</u> 19 <u>33</u> <u>John R. Bender</u> Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1933

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

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 12:00 P.M.

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

Date of onset

Pneumonia
Tuberculosis
23A
93C
Other contributory causes of importance:
Chronic myocarditis

Name of operation Laboratory What test confirmed diagnosis? Culture of blood

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? No

If so, specify

(Signed) M. D.

(Address)

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

1992-1993