

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35731

PLACE OF DEATH

County BuchananRegistration District No. 85Township St. Joseph Mo.,Primary Registration District No. 1001City Frank Edward Byrd (No. 1821 Senaca)File No. 1111Registered No. 1111St. Ward

2. FULL NAME

(a) Residence, No. 1821 Senaca 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs. Mary Byrd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>1</u>	<u>5</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Laborer</u>
	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) Emanuel County Ga.
(STATE OR COUNTRY)13. NAME Robert Byrd14. BIRTHPLACE (CITY OR TOWN) Emanuel Co
(STATE OR COUNTRY) Ga.15. MAIDEN NAME Eliza McCloud16. BIRTHPLACE (CITY OR TOWN) Emanuel County
(STATE OR COUNTRY) Ga.17. INFORMANT Mary Byrd
(ADDRESS) 1821 Senaca St

18. BURIAL, CREMATION, OR REMOVAL

PLACE City, Ga. DATE 11-18-3319. UNDERTAKER B. F. Graves, Funeral Home
(ADDRESS) 806 South 17th St.20. FILED 11-18 1933 John R. Bender
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 33 193322. I HEREBY CERTIFY, That I attended deceased from 28 October 1933 to 5 November 1933I last saw him alive on 5 November 1933 Death is saidto have occurred on the date stated above, at 2:30P

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

<u>Cerebral Hemorrhage - apoplexy</u>	Date of onset
<u>72 R</u>	<u>11-5-</u>
<u>82 A</u>	<u>33</u>

Other contributory causes of importance <u>Hodgkins Disease</u>	About <u>1 yr.</u>
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Name of operation <u>None</u>	Date of <u>None</u>
What test confirmed diagnosis? <u>Clinical</u>	Was there an autopsy? <u>No.</u>

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury --- 19---Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No.If so, specify None(Signed) M. D.(Address) St. Joseph, Mo.

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