

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.

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

Do not use this space.

39890

1. PLACE OF DEATH

County

Voever

Registration District No.

384

Township

Primary Registration District No.

4227

City

West Plains, Mo.

File No.

Registered No.

St.

Ward)

2. FULL NAME

Andrew Jackson 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

Ma

4. COLOR OR RACE

Wht

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

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

Jane Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 19-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

77

11

19

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Independence, Mo.

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tennessee

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tennessee

17. INFORMANT
(ADDRESS)J. E. Byrd
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Mt. Zion

12-9-1933

19. UNDERTAKER
(ADDRESS)McFarland
West Plains, Mo.

20. FILED

12-9-1933

Vida M. Simmons

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

12/8-1933

22. I HEREBY CERTIFY, That I attended deceased from

June

1933, to

Dec 8

1933

Last saw him alive on

Nov 2

Death is said

to have occurred on the date stated above, at 7:00 P. M.

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

Cerebral Thrombosis

Arteriosclerosis general

Chronic hypertension myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Exam

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? no

If so, specify

(Signed)

E. Claude Bohrer

M. D.

(Address)

West Plains, Mo.

