

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

Do not use this space.

40928

1. PLACE OF DEATH

County Prescott
Township Little Prairie
City _____ (No. _____)

Registration District No. 651
Primary Registration District No. 5862

File No. _____
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(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. (If nonresident, give city or town and State)

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) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-26-1933</u>		
7. AGE	YEARS	MONTHS
	<u>8</u>	<u>21</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Hardell
(STATE OR COUNTRY) Mo.

13. NAME L. L. Byrd

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

15. MAIDEN NAME Odie Burton

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

17. INFORMANT L. L. Byrd
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardell DATE 12-4- 1933

19. UNDERTAKER J. L. Creasy
(ADDRESS) Hardell

20. FILED 11-10- 1933 Opal Wells
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1933, to 12-24 1933
I last saw him alive on 12-23 1933 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Diphtheria

Other contributory causes of importance: <u>10</u>	Date of onset _____
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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 _____, 1933

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 not
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) St. H. Denton, M. D.
(Address) Hardell

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.

