

8 27 1934
WHILE PLAIN 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.

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

Do not use this space.

491

1. PLACE OF DEATH

County Adair
Township Benton
City Adair

Registration District No. 164
Primary Registration District No. 5229

File No. 1245
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child of 4

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Jerico Spgs Mo

13. NAME Martin Byrdler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerico Spgs Mo

15. MAIDEN NAME Marie Blacke

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

17. INFORMANT (ADDRESS) Martin Byrdler

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jerico Spgs Mo DATE 1/20

19. UNDERTAKER (ADDRESS) Mitchell & Co

20. FILED Jan 28, 1934 W. H. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1934, to Jan 19, 1934

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 5:30 am.

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

Acute Pneumonia Date of onset 1/13/34

Other contributory causes of importance Endocarditis 1/16/34

Name of operation _____ 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? NO

If so, specify _____

(Signed) St. L. Swanson

(Address) Jerico Spgs Mo

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CONFIDENTIAL - SECURITY INFORMATION

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1. *Phragmites australis* (Cav.) Trin. ex Steud.

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