

MAY 25 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

15451

## 1. PLACE OF DEATH

County Stoddard  
 Township Richland  
 City Hunterville (No. ....)

Registration District No. 839  
 Primary Registration District No. 6101

File No. ....  
 Registered No. 11 ..  
 St. .... Ward)

2. FULL NAME Jerry 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
X X 17

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

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) Hunterville  
 (STATE OR COUNTRY) Missouri

13. NAME Lloyd Byrd

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

15. MAIDEN NAME Iris DeJarnett

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

17. INFORMANT Lloyd Byrd  
 (ADDRESS) Hunterville, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Dexter Cem. DATE 4-4-34 ..

19. UNDERTAKER NONE  
 (ADDRESS)

20. FILED 5-1 1934 J. P. Brandon  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from 4-3- 1934, to 4-3- 1934

I last saw him alive on 4-3- 1934 Death is said

to have occurred on the date stated above, at 11 A. m.

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

Atelectasis  
(apneumatosi)

Date of onset

Other contributory causes of importance:

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? X 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 X  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....

(Signed) Frank L. ... M. D.  
 (Address) Dexter Mo

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.

