

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

Do not use this space.

15236

JUN 4 1935

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. 669) S. Odell St. _____ Ward _____

File No. _____
 Registered No. 69
 St. _____ Ward _____

2. FULL NAME

Miss Sophia Byrne

(a) Residence, No. 669 S. Odell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 23-1847</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>8</u>	DAY <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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) (STATE OR COUNTRY) <u>Ottawa Canada</u>		
13. NAME <u>James T. Byrne</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Hueritta Holmes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>Frank W. Campbell</u> (ADDRESS) <u>Marshall Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>Apr. 21</u> , 19 <u>35</u>		
19. UNDERTAKER <u>F. W. Campbell</u> (ADDRESS) <u>Marshall Mo.</u>		
20. FILED <u>Apr 22</u> , 19 <u>35</u> <u>Neley Kuston</u> <u>Deputy Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from held in house April 17, 1935
 I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 5:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 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? L Date of injury L, 19____
 Where did injury occur? L (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? L
 If so, specify _____
 (Signed) F. W. Campbell, M. D.
 (Address) Marshall 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.

RECORD THIS IS A DEPARTMENT RECORD

