

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.

21968

1. PLACE OF DEATH

County Wayne
 Township St. Louis
 City St. Louis

Registration District No. 877
 Primary Registration District No. 1

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) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Bird</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-24-1869</u>		
7. AGE <u>66</u>	YEARS <u>0</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cabinet Maker</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>Blissfield Mich.</u>		
13. NAME <u>Issac Bird</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Norfolk England</u>		
15. MAIDEN NAME <u>Susan Angela</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>		
17. INFORMANT (ADDRESS) <u>Harry R. Bird</u> <u>Mount Pleasant Ohio</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Ave.</u> DATE <u>6-14-35</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Stockley & Co.</u> <u>2117 E. Grand</u>		
20. FILED <u>Jan 16 1935</u> <u>A. S. Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis,

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? _____ 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?
 If so, specify _____
 (Signed) F. C. Yates, Coroner
Piedmont, Missouri. (Address)

