

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

Do not use this space.

39150

1. PLACE OF DEATH DIC 17 1935

County Dunklin

Registration District No. 290

File No. _____

Township Saline

Primary Registration District No. 4174

Registered No. 78

City Leath (No. _____)

St. _____ Ward _____

2. FULL NAME William Anderson Bird

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1935, to Dec 3, 1935.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1859

I last saw him alive on Dec 3, 1935. Death is said to have occurred on the date stated above, at 4:00 P. m.

7. AGE YEARS 76 MONTHS 5 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset Nov 28 35

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) 7 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) E. C. Bird Smith mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Center DATE Dec 5 35

19. UNDERTAKER (ADDRESS) McDaniel Funeral Service Smith mo

20. FILED 12-11, 1935 H. B. Priddy M. D. Registrar.

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
(Signed) R. G. Speer, M. D.
(Address) Leath 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.

3
3
3

1058

