

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

Do not use this space.

FEB 20 1936

2281

1. PLACE OF DEATH

County New Madrid
Township Conno
City (No.)

Registration District No. 605
Primary Registration District No. 4359

File No.
Registered No.
St. Ward

2. FULL NAME

Hubert Earl Byrd

(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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 - 1935</u>		
7. AGE	YEARS	MONTHS
	<u>3</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>		
10. Date deceased last worked at this occupation (month and year) <u>Infant</u>		
11. Total time (years) spent in this occupation <u>Infant</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Risco mo</u>		
13. NAME <u>Larry Byrd</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Hazel Bozell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT (ADDRESS) <u>Larry Byrd</u> <u>Risco mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Parma mo</u> DATE <u>1-9</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>1-9-</u> 19 <u>36</u> <u>Dr. George Justis</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1936

22. I HEREBY CERTIFY That I attended deceased from Dec 1st 1935, to Jan 8th 1936
I last saw him alive on Dec 16th 1935. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Meckia
Chronic Lateral
Arteriosclerosis
Other contributory causes of importance:
None
Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No
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) J. E. Mitchell M. D.
(Address) Malden mo

WRITE PLAINLY, 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.

