

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.

APR 27 1936

13636

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, R.F.D. #2 (No. _____)

Registration District No. 796
Primary Registration District No. 6039

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME John C. Byrd

(a) Residence, No. R.F.D. #2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Benton Co.
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Pleeze Bird
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Elizabeth Carpenter
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Elizabeth Ross,
(ADDRESS) San Francisco, Calif

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warsaw, Mo. DATE March 13, 1936

19. UNDERTAKER J.L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED Mar. 12, 1936 Helmutson
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1936, to 3-8, 1936.
I last saw him alive on 3-8, 1936. 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:

Iron Pneumonia
Influenza
Date of onset 3/6/36
Other contributory causes of importance 3/8/36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Helmutson, M. D.
(Address) Marshall Mo

