

avg Schmitt
allowing
1935 1936

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

Do not use this space.

16297

1. PLACE OF BIRTH

County Kerry
Township Brazear
City (No. St. Ward)

Registration District No. 657
Primary Registration District No. 5874

File No.
Registered No. 6

2. FULL NAME Mt Leo Byrd - Brazear Mo.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1851

7. AGE YEARS 85 MONTHS 0 DAYS 17 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

10. Date deceased last worked at this occupation (month and year) 4/4/36 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazear Mo.

13. NAME John Byrd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Jane Fenwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Mable M. Oudiff (ADDRESS) 6103 Charlotte St. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brazear, Mo. DATE 4-24-1936

19. UNDERTAKER Ed Dempster (ADDRESS) Sikeston, Mo.

20. FILED 4-25-1936 Adolph B. Schmidt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1936 to 4-21-1936

I last saw him alive on 4-18-1936 Death is said to have occurred on the date stated above, at 11:55 p.m.

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

Arteriosclerosis Date of onset 4-1-36

Other contributory causes of importance:

Paralysis

Name of operation none 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? None 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

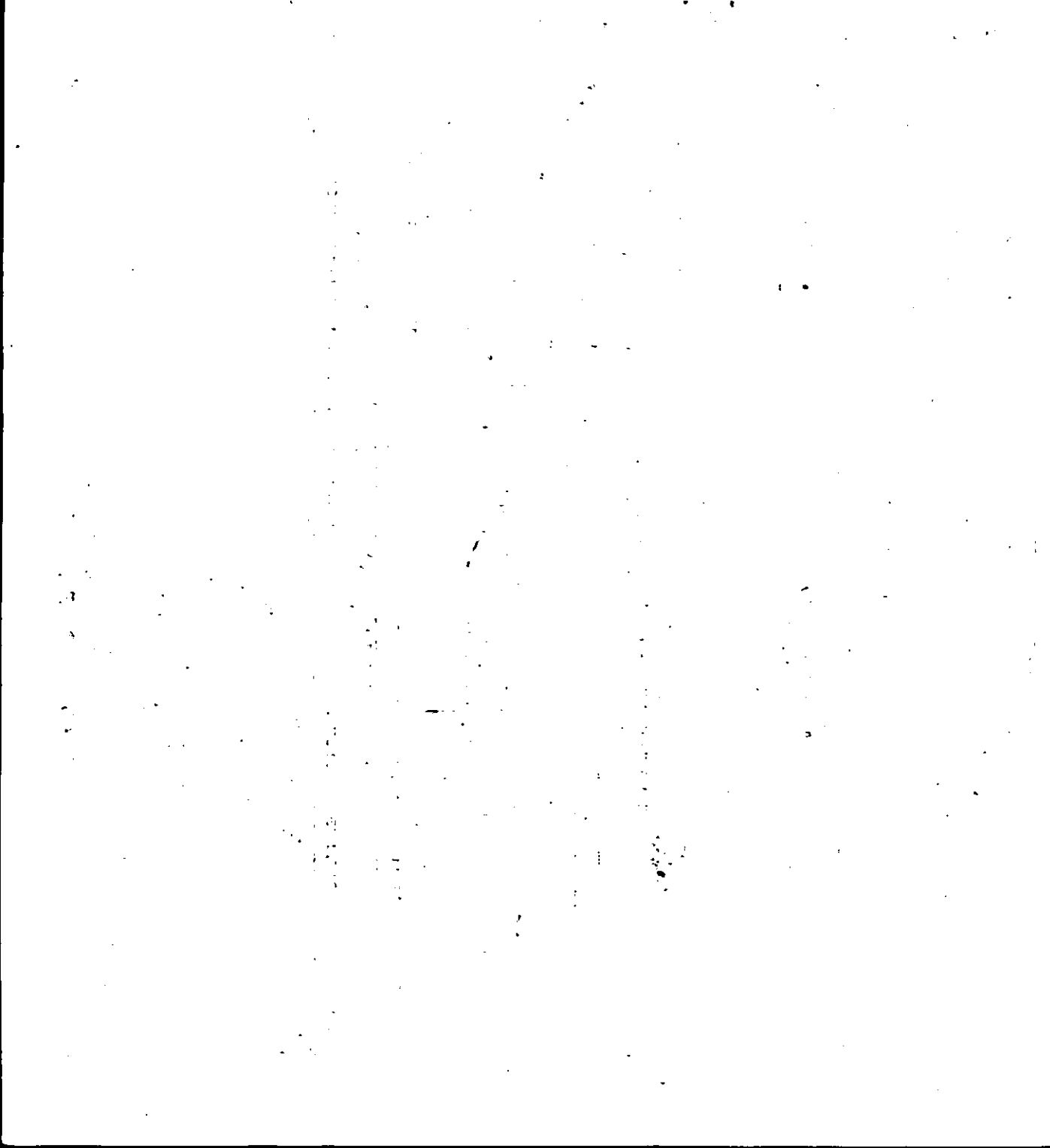
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed. Palisch, M. D.

(Address) Fayette, Mo.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Perry
Township Brazear
City (No.)

Registration District No. 657
Primary Registration District No. 3874

File No.
Registered No. 6
St. Ward

2. FULL NAME

(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

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

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

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

7. AGE YEARS 85 MONTHS 0 DAYS 17 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED 6-28-1936 Dolph G. Schmidt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Paralysis
Paraplegia
Spinal origin?

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) A. G. Polisch, M. D.

(Address) Troha mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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