

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City St. Louis (No. _____)

Registration District No. 42.01
Primary Registration District No. 42.49

File No. 22 3023319
Registered No. 76

2. FULL NAME

(a) Residence, No. 837 W. Main St. Ward 6
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Gabriel W. Byrd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1846
7. AGE YEARS 89 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.

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

13. NAME Thos. Donnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant, Mo.

15. MAIDEN NAME Margaret McConnell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant, Mo.

17. INFORMANT Stella Byrd (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Church DATE 6-18 1936

19. UNDERTAKER Queen E. Vignard (ADDRESS) St. Louis, Mo.

20. FILED 6/17, 1936 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1936

22. I HEREBY CERTIFY, that I attended deceased from May 5, 1935, to June 16, 1936
I last saw her alive on June 16, 1936. Death is said to have occurred on the date stated above, at 2 p. m.

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

Coronary Arteriosclerosis 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 _____

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) J. E. Rutledge M. D.
(Address) Crystal City, 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.

