

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.

1. **OCT 15 1936**County **Jackson**Registration District No. **399**Township **Kaw**Primary Registration District No. **1002**City **Kansas City, Mo.**(No. **5275 Hardesty**)File No. **34474**Registered No. **4202**St. **Ward**2. FULL NAME **Mrs. Cora J. Byrd**(a) Residence, No. **5275 Hardesty**

St.

Ward.

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**L. H. Byrd**

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

Aug. 24, 1875

7. AGE

YEARS

61

MONTHS

0

DAYS

16

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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)**Ill**

FATHER

13. NAME

Alfred Spalding14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**

MOTHER

15. MAIDEN NAME

Katie Taylor16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**17. INFORMANT
(ADDRESS)**L. H. Byrd, 5275 Hardesty**
R. C. MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

9-14**36**19. UNDERTAKER
(ADDRESS)**C. H. Blackman & Son, Inc.**
2825 Indep. Blvd. K.C. Mo.

20. FILED

Sept 14 36 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 10-36** 19

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 19**36**, to **Sept 10**, 19**36**I last saw him alive on **Sept 10**, 19**36** Death is saidto have occurred on the date stated above, at **9:40 m. PM**

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

Chronic Myocarditis Date of onset**930**

Other contributory causes of importance:

arthritis

2001. Meyers. BE 6984

3035 Indep. Blvd

2101 Minnae

BE 5606