NOV 16 1936

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

Do not use this space.

37826

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. Gen Hospital General Hospital St. Ward)
Registration District No. 249
Primary Registration District No. 1002
File No. 4683
Registered No.

2. FULL NAME Harry Lee Bird
(a) Residence, No. Bedford Iowa 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1913
7. AGE YEARS 23 MONTHS 9 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME J. O. Bird
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan, Mo.

MOTHER
15. MAIDEN NAME Vernie Graybill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkins, Mo.

17. INFORMANT (ADDRESS) Mrs. Huntsman (Mother) Bedford, Iowa
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkins Mo DATE 10-25-36
19. UNDERTAKER (ADDRESS) Melody McGillen K. C. Mo
20. FILED 10-24-1936 M M Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22/36 19
22. I HEREBY CERTIFY That I attended deceased from Sept. 17, 19..., to ....., 19....
I last saw h..... alive on 5 05, 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:
Automobile Traumatism Rupture of the Aorta
Date of onset
Other contributory causes of importance: No 210
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? Accident Date of injury 10/22/36
Where did injury occur? Cass Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway
Manner of injury Collision of Cars
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

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.