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

Do not use this space.

FEB 8 1937

791
1003

File No. **3657**

Registered No. **692**

1. PLACE OF DEATH

County..................

Township..................

Registration District No...............

Primary Registration District No...............

City *St. Louis Mo.* (No. *1813½ O'Fallon*)........St. ....Ward.

2. FULL NAME *Emma Byrd*

(a) Residence, No. *1813½ O'Fallon* St., *21* 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	MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* **4. COLOR OR RACE** *Negro* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Married*

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

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

7. AGE YEARS *abt 47* MONTHS DAYS 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. *House Work*

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) *Miss*

FATHER

13. NAME *Pat Arbuthnot*

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

MOTHER

15. MAIDEN NAME *unknown*

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

17. INFORMANT (ADDRESS) *Simon Byrd 1813½ O'Fallon St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *1.16.* 19_

19. UNDERTAKER (ADDRESS) *Atkins Bros und Co 3644 Finney ave* *J F Bredeck*

20. FILED JAN 16 1937 .... Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 10* 19 *37*

22. I HEREBY CERTIFY That I attended deceased from *Aug. 10* 19 *36*, to *Jan 10* 19 *37*

I last saw h__ alive on *Jan 8* 19 *37* Death is said to have occurred on the date stated above, at *9:20* m.

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

Mitral Insufficiency Date of onset *2 yr.*

ga.

Other contributory causes of importance:
Hypertension *9 mo.*

Name of operation............ Date of............
What test confirmed diagnosis?............ Was there an autopsy? *No*

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) *W M Moore* M.D.

(Address) *1336 Franklin*