

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.

JAN 27 1937

1. PLACE OF DEATH

County VeronaTownship WashingtonCity Hevada(No. 2)Registration District No. 875Primary Registration District No. 6162File No. 4711Registered No. 2St. Nebraska

Ward

2. FULL NAME Louisiana Byrd(a) Residence, No. Warsaw

(Usual place of abode)

St. Nebraska

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1mos. 13

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)

Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilson Byrd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 - 1865

7. AGE

YEARS 71MONTHS 10DAYS 13

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) Missouri

MOTHER FATHER

13. NAME Kelly Tapp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. record

18. BURIAL, CREMATION, OR REMOVAL

Warsaw Mo Jan 6 193719. UNDERTAKER General Home20. FILED 1-5-1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 193722. I HEREBY CERTIFY That I attended deceased from Nov 21 1936 to Jan 3 1937I last saw her alive on Jan 3 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Chronic myocardial insufficiency.Date of onset 3

Other contributory causes of importance:

General arteriosclerosisName of operating physician Dr. Kelly Tapp Date of Jan 3 1937What test confirmed diagnosis? Clinical Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Jan 3 1937Where did injury occur? Home (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.Manner of injury NoneNature of injury None

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

If so, specify

(Signed) F. L. Martin M. D.(Address) Nebraska

