

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis.

Registration District No. **791**
Primary Registration District No. **1003**
1529a Rear Franklin

File No. **8540**
Registered No. **1995**
St. Ward

2. FULL NAME Charles Byrd.

(a) Residence, No. 1529a rear Franklin Ave. 25 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Byrd.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
51 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman W.P.A.
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) Gasconade Co. Mo.
(STATE OR COUNTRY)13. NAME David Byrd.14. BIRTHPLACE (CITY OR TOWN) Gasconade Co. Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Margaret E. Jenkins16. BIRTHPLACE (CITY OR TOWN) Gasconade Co. Mo.
(STATE OR COUNTRY)17. INFORMANT Sarah Byrd.
(ADDRESS) 1529a rear Franklin Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Gasconade Co. Mo. DATE 2-17-3719. UNDERTAKER Central U. Co.
(ADDRESS) 1841 Cass Ave.20. FILED FEB 10 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 11:37 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilation right side of heart deep to excess amount of fluid in stomach.

Other contributory causes of importance:

Over loaded stomach from eating displacing diaphragm upward, interfering with function of heart.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes23. 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? No
If so, specify

(Signed) Joseph M. Quinn
(Address) Deputy Coroner

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.

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