

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.

MAY 15 1937

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City, Mo. (No. 3238 Thompson)File No. 15014Registered No. 1560

St. _____ Ward _____

2. FULL NAME Oliver Wilson Byrd(a) Residence, No. 3238 Thompson St. _____ 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.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFElla Byrd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.82725

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Government9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Employee10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Indiana

FATHER

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

17. INFORMANT

Glenn W. Byrd,

(ADDRESS)

608 W. Dartmouth Road, K. C.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wellsville, Ks. DATE April 2-37

19. UNDERTAKER

C. H. Blackman & Son, Inc.

(ADDRESS)

2825 Indep. Blvd. K. C. Mo.

20. FILED

Apr 1 1937 M. M. Kenome

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan 15, 1936 to Mar 31, 1937I last saw him alive on Mar 31, 1937 Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Acute Endocarditis

Date of onset

3-15-37

Other contributory causes of importance:

Acute Myocarditis3-15-37Name of operation noDate of noWhat test confirmed diagnosis clinical 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? no

If so, specify _____

(Signed) Chas. S. Nelson, M. D.(Address) 1200 Prof. Bldg

