

SEP 22 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

Registration District No.

Primary Registration District No.

File No.

31395

Registered No.

93

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Write the word)

Single

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

Single

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

12-28-1921

7. AGE

YEARS

MONTHS

DAYS

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

15

7

13

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

School kid

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
occupationCaruthersville
mo12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Caruthersville
mo

13. NAME

Vke Byrd

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

Miss

15. MAIDEN NAME

Berke Sherrick

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

-

17. INFORMANT
(ADDRESS)The Byrd's
Caruthersville, mo

18. BURIAL, CREMATION, OR REMOVAL

buried

PLACE

Morgan bridge

DATE

8-13-37

19. UNDERTAKER
(ADDRESS)

Caruthersville, mo

20. FILED

Aug 31 1937 Ada Martin

Registrar.

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

8-11-1937

22. I HEREBY CERTIFY, That I attended deceased from

July 26, 1937, to Aug 11, 1937

I last saw him alive on Aug 11, 1937 Death is said

to have occurred on the date stated above, at 7 P. M.

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

Typhoid fever

Date of onset

Other contributory causes of importance:

Environment
bad drinking water
etc.

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? 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) Jas. M. Cockfield, M. D.

(Address) Caruthersville, mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

44-38861-1000

[illegible]

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1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

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...the fact that the *Journal of the American Medical Association* is the largest medical journal in the world, and that it is the only one that is read by every physician in the United States.

[illegible]

... ..

1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

...and the fact that the *Journal* is a journal of the American Psychological Association, the largest and most influential organization in the field of psychology, adds to the journal's prestige and makes it a must-read for all psychologists.

...the fact that the *Journal of Management Studies* is a leading journal in the field of management studies, and that the *Journal of Management Studies* is a leading journal in the field of management studies.

[illegible]

(continued)

...and the fact that the *Journal* is a journal of the American Psychological Association, the largest and most prestigious of the professional organizations in the field of psychology, is a source of great pride for me.