NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot
Township Cooter
City Steele, Mo.
Registration District No. 6557
Primary Registration District No. 4382
File No. 38425
Registered No.
(No. , St. Ward)

2. FULL NAME Jacqulyne Byrd
(a) Residence, No. St., 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1937
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Steele, Mo.

FATHER
13. NAME Pierce Parker Byrd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parma Mo

MOTHER
15. MAIDEN NAME Clyddie Bell Lineberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele Mo.

17. INFORMANT (ADDRESS) Mrs Harry Byrd Steele, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE Oct 14 1937
19. UNDERTAKER (ADDRESS) German Undt Co. Steele, MO.
20. FILED Nov 8 1937 L. L. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1937
22. I HEREBY CERTIFY, That I attended ~~deceased~~ the from Oct 14, 1937 to Oct 14, 1937 Birth saw Steelbarn, 19 Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatarum	

Other contributory causes of importance:
None

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? No
If so, specify
(Signed) J. P. Dickey, M. D.
(Address) Steele Mo

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.