

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

Do not use this space.

1. PLACE OF DEATH

County Peru
Township Josco, Mo.
City (No.)

Registration District No. 1102
Primary Registration District No. 758701

File No. 38428
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Josco, Mo. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of James Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 59 0 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Jan. 1, 1937 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME Son Sidney Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 11

15. MAIDEN NAME ? Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 11

17. INFORMANT Husband James Byrd (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Zoo Cemetery DATE Jan. 17, 1937

19. UNDERTAKER Byrd and Co. (ADDRESS) Peru, Mo.

20. FILED Nov-5 1937 Mrs. F. L. Cole Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to Jan. 16, 1937
I last saw her alive on Jan. 17, 1937 Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

myocarditis
myocardial infarction
Branchial aneurysm

Other contributory causes of importance: Branchial aneurysm

Name of operation Date of
What test confirmed diagnosis? SIS 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) Asbury M. D.
(Address) Hayti

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

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