

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

Do not use this space.

3532

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

Township New Madrid

Primary Registration District No. 4302

City New Madrid (No. 130)

St. _____ Ward _____

2. FULL NAME Laura 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

colored

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

Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Nash Byrd

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

about 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

about 79

OCCUPATION

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

House Work.

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)

New Madrid Mo.

FATHER

13. NAME

Jack Haliburton

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

Unk

MOTHER

15. MAIDEN NAME

Aba Haliburton

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

Unk

17. INFORMANT (ADDRESS)

Page Byrd New Madrid Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New Madrid

DATE

Jan 16 1938

19. UNDERTAKER (ADDRESS)

Richards & Co. New Madrid Mo.

20. FILED

2/5

1938 Mrs. O. Bannan

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 27 1937

to Jan 11 1938

at 10 1938

Death is said

I last saw her alive on _____

at 8:15 m.

to have occurred on the date stated above, at _____

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

not heart entirely

Date of onset

Other contributory causes of importance:

Name of operation

Throat

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)

W. J. Byrd

M. D.

(Address)

New Madrid 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.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH