FEB 16 1938

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

Do not use this space.

4122

1. PLACE OF DEATH
County St. Louis — Registration District No. 96 — File No.
Township — Primary Registration District No. — Registered No. 5
City University City (No. 6600 Washington Ave. St. Ward)

2. FULL NAME Mrs. Martha Olive Byrd
(a) Residence, No. 6600 Washington St., Ave. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 6 mos. ds. How long in U. S., if of foreign birth? X yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bruce Byrd
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13th 1863
7. AGE YEARS 74 MONTHS 11 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
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) Waverly Ill.
FATHER
13. NAME James Hood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MOTHER
15. MAIDEN NAME Hanna Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
17. INFORMANT (ADDRESS) Mary E. Craig 6600 Washington Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo DATE Jan 3 1938
19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue
20. FILED 1-3 1938 T. R. Meyer, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

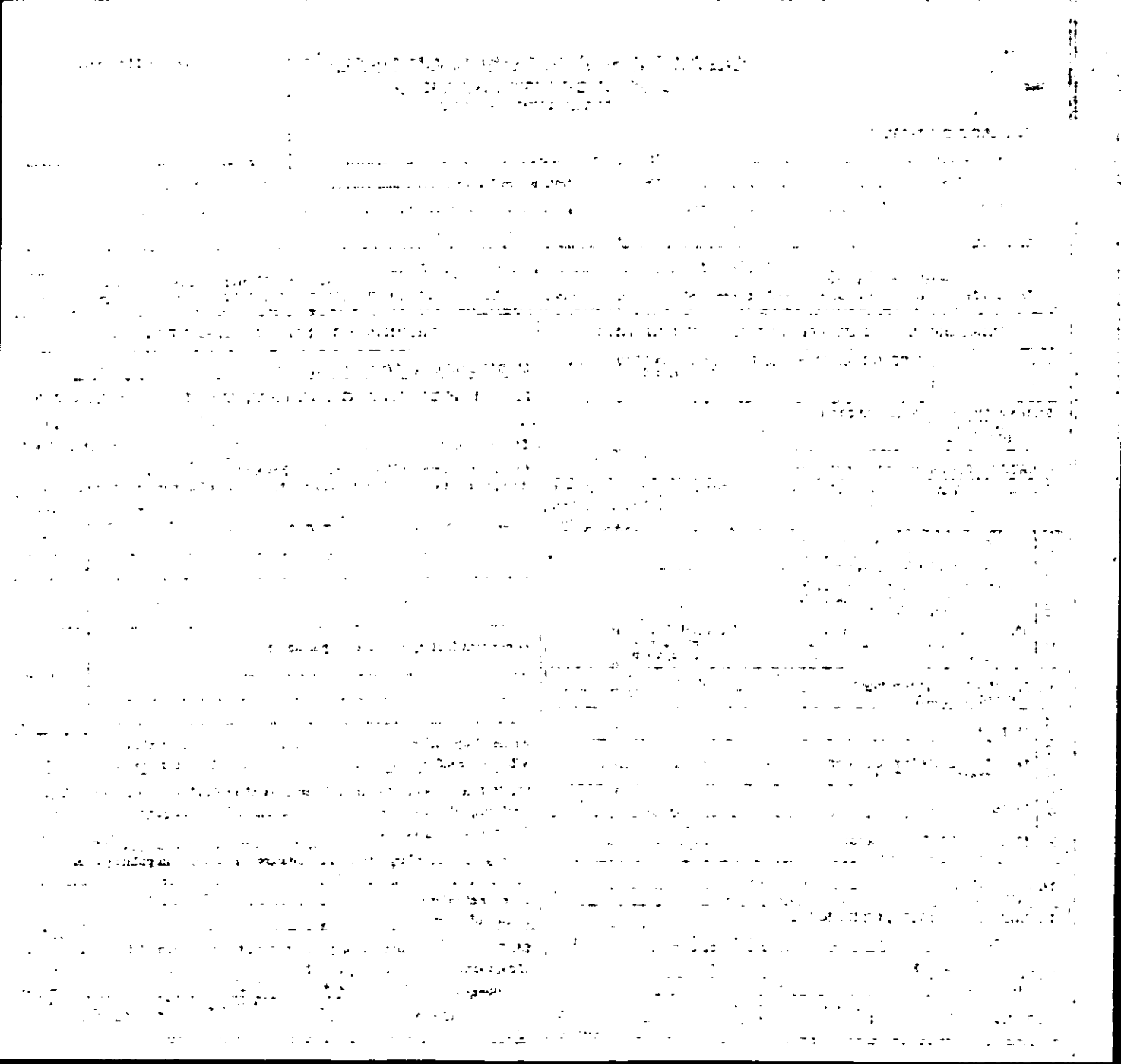
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937, to Jan 1 1938
I last saw her alive on Dec. 31 1937. Death is said to have occurred on the date stated above, at 8:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
46	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? Yes
If so, specify .....
(Signed) J. Nigars, M. D.
(Address) 602 N. Grand Av

THEODORE R. MEYER, M.D., DR. P. H.
Deputy State Commissioner of Health