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

REC'D MAR 14 1938

Do not use this space.

File No. 5651

Registered No. 717

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K. C. Mo. (No. St. Joseph Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Judge Daniel E. Bird 630

(a) Residence, No. 3242 Garfield 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Mabel C. Bird

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6, 1873

7. AGE: Years 64 | Months 11 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Judge of Cir-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: cuit Court
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): Nodaway County, Mo. 0

FATHER
13. NAME: John L. Bird 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 5

MOTHER
15. MAIDEN NAME: Rose Anna Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: Mrs. Mabel C. Bird
(ADDRESS) 3242 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Feb. 12, 1938

19. UNDERTAKER: Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 7/12 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to Feb 10, 1938
I last saw him alive on Feb 10, 1938. Death is said to have occurred on the date stated above, at 6:00 m. pm
The principal cause of death and related causes of importance were as follows:

Accidental. Fell from stairs, second floor, striking on head producing shock and cerebral hemorrhage

Date of onset

Other contributory causes of importance:

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Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19....
Where did injury occur? Kansas City Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury: Fell down stairs
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Archie N Johnson, M. D.
(Address) 536 Argyle Bldg.
Kansas City 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.