

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH

County St. LouisTownship St. AnnCity St. Louis (No. 2)Registration District No. 780Primary Registration District No. 6025File No. 3746Registered No. 5St. St. Louis Ward St. Louis

2. FULL NAME

(a) Residence, No. 630 Mary Magdalen Byrd

(Usual place of abode)

St. St. Louis Ward St. Louis

(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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeorge Byrd

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

Oct 30th 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.7431

OCCUPATION

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

Retired Housewife

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)

Berry County, Missouri

FATHER MOTHER

13. NAME

Martin Malford

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Berry County, Missouri

15. MAIDEN NAME

Rachel Grounds

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Berry County, Missouri

17. INFORMANT

(ADDRESS)

Mrs. C. Martin

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. LouisDATE Jan 2nd 1939

19. UNDERTAKER

(ADDRESS)

Wagon J. Stanton

20. FILED

Feb 1, 1939

T. W. Douglas

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 311939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15, 1935, to Jan 31, 1939I last saw her alive on Jan 31, 1939. Death is saidto have occurred on the date stated above, at 7:30 P. m.

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

Cerebral HemorrhageDate of onset
1-31-39

Other contributory causes of importance:

Atherosclerosis1935

Name of operation

Date of

What test confirmed diagnosis?

ClinicalWas 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

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) Arthur E. S. S. S.

M. D.

706

(Address) St. Louis, MO

