

REC'D MAY 11 1939

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

14235
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Joseph Hospital Registered No. 356
 (e) Length of residence in city or town where death occurred 41 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nora Shireland Byrd
Karnes Road
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Chas. F. Byrd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 22
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Island City Missouri
 FATHER 13. NAME Oliver Ackles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio
 MOTHER 15. MAIDEN NAME Fannie Coleman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Island City Missouri
 17. INFORMANT (ADDRESS) Dr. Chas. F. Byrd 11th. & Church St.,
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 4, 1939
 19. FUNERAL DIRECTOR (ADDRESS) Halter Meierhoffer 1302 Faraon St. St. Jos. Mo.
 20. FILED H/H 39 AJ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1939, to 4/2, 1939
 I last saw her alive on 4/2, 1939 Death is said to have occurred on the date stated above, at 5:43A m.
 The principal cause of death and related causes of importance were as follows:
Burns 3rd degree face, head chest back & both arms
 Date of onset 4/1
 Other contributory causes of importance: 180
 Name of operation None Date of None
 What test confirmed diagnosis? clinical history Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3/31, 1939
 Where did injury occur? St. Joseph Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury In Home
 Nature of injury Burns
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Wk walker
 (Signed) Wk Walker M. D.
 (Address) 301 North 8th. St. St. Jos. 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.

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