

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

15144
Do not use this space.

REC'D MAY 16 1939

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Jasper Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. Freeman Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME RAYMOND LEE BYRD
 (a) Residence, No. 301 NORTH JOPLIN 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 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 Lillian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20, 1905

7. AGE 33 YEARS MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck driver
 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 4

12. BIRTHPLACE (CITY OR TOWN) Richland, Missouri (STATE OR COUNTRY)

FATHER
 13. NAME Kern Byrd
 14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Leana Lewis
 16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Kern Byrd (ADDRESS) Richland, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Park DATE 4-29-39

19. FUNERAL DIRECTOR (NAME) Herbert Street Co. (ADDRESS) Joplin, Miss.

20. FILED 4-28-39 Ed E. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-26-39 to 4-26-39
 I last saw him alive on 4-26-39 Death is said to have occurred on the date stated above, at about 10:55pm
 The principal cause of death and related causes of importance were as follows:
Prob. - acute attack of indigestion -
Died of natural causes -
 Other contributory causes of importance: None

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? L 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 V
 Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) F. Armstrong J. P. H.
 (Address) Joplin, Missouri

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.

RECORD THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-39-922

Date Filed MAY 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.