RECD JUL 14 1939

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

21903
Do not use this space.

1. PLACE OF DEATH
(a) County Cole — Registration District No. 213
(b) Township or (c) City Jefferson City — Primary Registration District No. 3014 — Registered No. 149
(d) Street No. St. Marys 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (31) Bennie Holland Byrd
(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) Tebbetts, Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	Male
4. COLOR OR RACE	White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	—
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	Dec. 24, 1884
7. AGE YEARS / MONTHS / DAYS / If LESS than 1 day, ...hrs. or ......min.	54 / 5 / 28
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Steam shovel
9. Industry or business in which work was done, as saw mill, bank, etc.	Engineer
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)	Macon, Georgia
FATHER 13. NAME	No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER 15. MAIDEN NAME	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT	Mrs Tom Braham
(ADDRESS)	Tebbetts, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE	Tebbetts, Mo.
DATE	June-28 1939
19. FUNERAL DIRECTOR (NAME)	Glen Y. Mangan
(ADDRESS)	700 Court St. Fulton, Mo.
20. FILED	6-27- 1939 — W. Bedford M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to June 26, 1939

I last saw him alive on June 26, 1939. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows: Splenomyelogenous leukemia — Date of onset

Other contributory causes of importance: Pneumonia, lobular

Name of operation .... Date of ....
What test confirmed diagnosis? Blood work. Was 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 ...., 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? No
If so, specify ....

(Signed) [signature], M. D.
(Address) Jefferson City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.....
John D. Batchelder, Registered Apprentice No. 192
working under my personal supervision.

Signed Glen Y. Mangum

Licensed Embalmer No. 2725

P. O. Address Fulton, Mo.

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

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