

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

Do not use this space.

REC'D AUG 22 1939

079

25768

1. PLACE OF DEATH

County Howell
Township Hutton Valley
City 630 (No. 630)

Registration District No. 3-8-5537
Primary Registration District No. 5-2-37

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Matilda Byrd

(a) Residence, No. _____ 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 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 OF James Corwin Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 7. 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 4 10

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

FATHER 13. NAME William W Cornett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Emily Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Ralph Bryan (ADDRESS) Hutton Valley

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutton Valley DATE July 19 1939

19. UNDERTAKER Burns & Son (ADDRESS) Willow Springs, Mo.

20. FILED 7-28 1939 Marquette Leysman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 17, 1939.

Last saw alive on July 13, 1939. Death is said to have occurred on the date stated above, at 3:4 m.

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

Inter-sclerosis

Other contributory causes of importance: 47

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? _____ 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? _____
If so, specify _____ (Signed) P. G. Goolsby M. D.
(Address) Willow Springs, 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.

RECEIVED

District Health Officer No. 5

District File No.

Date Recd

839 84

8/03/9