

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.

FILED APR 12 1940

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

10487

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 1111
(b) Township Columbia Primary Registration District No. 5160
(c) City 0 (d) Street No. 0 (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

(a) Residence, No. 0 St. 0 (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 F. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21 1937
7. AGE YEARS 2 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
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) Callaway Co. Mo.

13. NAME Woodrow Byrd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Mo.

15. MAIDEN NAME Irene Hickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Mo.

17. INFORMANT (ADDRESS) Irene Hickman Stephens Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Simpson Chapel DATE 3-19 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. L. Freeman
408 East 4th Columbia Mo.

20. FILED Mar 20 1940 B. H. Stephens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1940

22. I HEREBY CERTIFY, That I attended deceased from 3/16/40 1940 to 3/17/40 1940

I last saw him alive on Mar 16 1940. Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

Runned over entire body

Date of onset

Other contributory causes of importance: Caught fire with matches

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, 1940

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) A. L. Freeman M. D.

(Address) Columbia Mo.

151-11

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 me,
Registered Apprentice No. 2837
working under my personal supervision.

Signed A. C. Freeman
Licensed Embalmer No. 2837
P. O. Address 608 Park Ave. Lehigh

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10487

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 1111

Primary Registration District No. 5160

Registrar's No. _____

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Cleveland, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINTER: Barbara Jean Byrd
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race col 6. (a) Single, widowed, married, divorced inf

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 1 3 hr. min.

9. Birthplace (City, town, or county)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county)

14. Maiden name

15. Birthplace (City, town, or county)

16. (a) Informant

(b) Address

17. (a) (b) Date of removal (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 3 day 18
year 1900 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death burned over entire body

Due to 181
Due to 15

Other conditions Caught fire with matches
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Ed Bradford (M. D. or other)

Address Columbus Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL
The accident occurred at her home, no building matches, playing with matches, no fire, no date of it, 2 matches, child about 9 months old.

S-10487 1940