

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

19413

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
 (b) Township St. Francois Primary Registration District No. 6020-A Registered No. 42
 (c) City Bonne Terre (d) Street No. Bonne Terre Hospital St. Mo.
 (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 17 yrs. 3 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Libertyville Mo. St. Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jona Montgomery Byrd
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1889
 7. AGE YEARS 51 MONTHS 2 DAYS 21 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. Pulver Work
 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) Missouri

FATHER 13. NAME Wm Byrd

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

MOTHER 15. MAIDEN NAME Elizabeth Cook

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

17. INFORMANT (ADDRESS) Thatcher B Byrd

18. BURIAL, CREMATION, OR REMOVAL PLACE Libertyville DATE May 23 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Ind Co.

20. FILED 5-22-40 N.W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1940, to 5-21 1940

I last saw him alive on 5-21 1940 Death is said to have occurred on the date stated above, at 90 m.

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

Lobar pneumonia (1 side) Date of onset 5-15-40

Other contributory causes of importance: Pulmonary

Name of operation None Date of Chinap

What test confirmed diagnosis? Chinap 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

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) W.D. Gaeke M. D.

(Address) Nealage no

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.

THIS IS A PERMANENT RECORD

JAN 25 1945

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., working under my personal supervision.

Signed CH Coogan

Licensed Embalmer No. 04084

P. O. Address Larminston

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.