FILED OCT 18 1940

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

Do not use this space.

File No. 35194

Registered No.

1. PLACE OF DEATH
County DeKalb 20 Registration District No. 259
Township East Camden Primary Registration District No. 5359
City (No. St. Ward)

2. FULL NAME Mary Belle Byrd.
(a) Residence, No. 2½ Mi. N.W. of Maysville Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF J. Grant Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

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) Rockport, Brooks Co., Kansas.

FATHER

13. NAME Jerry Warren.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co., Missouri.

MOTHER

15. MAIDEN NAME Mary Coleman.

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

17. INFORMANT (ADDRESS) Gordon Byrd, Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairport Cem. DATE Sept. 26 40

19. UNDERTAKER (ADDRESS) U. G. Pilcher, Maysville, Mo. 224

20. FILED 9-25 1940 Ethel H. Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from – , 19– , to – , 19– ,
I last saw h– alive on – , 19– Death is said to have occurred on the date stated above, at – m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	

Other contributory causes of importance:

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) M. S. Hale, M. D.
(Address) Osborn Mo

Coroner DeKalb County 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.

Embalmed at Pilcher's Funeral Home,

by C. L. Pilcher

Missouri License #3960.