

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 AUG 17 1942

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

Do not use this space.

24782

1. PLACE OF DEATH

66 County Miller0 Township Glauze0 City Kaiser

(No.)

Registration District No. 213 66Primary Registration District No. 5781 0

File No.

Registered No. 73

St.

Ward)

2. FULL NAME

Matilda Byrd

(a) Residence, No.

(Usual place of abode) 1

St.

Ward.

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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

(OR) WIFE OF

James Reuben Byrd

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

Mar 22, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

8541

OCCUPATION

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

House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own Home10. Date deceased last worked at this occupation (month and year) 192811. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

California
Mo.

FATHER

13. NAME

Samuel Reed

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

Unknown
Tennessee

MOTHER

15. MAIDEN NAME

Ruth Swearegen

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

California
Mo.

17. INFORMANT (ADDRESS)

Rosa Asa
Kaiser, Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE New Hope Church DATE 7/25 1942Kaiser, Mo.

19. UNDERTAKER (ADDRESS)

None

20. FILED

7/241942CRH
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 10, 1934, to July 23, 1942I last saw her alive on Dec 20, 1941. Death is saidto have occurred on the date stated above, at 7 P. m.

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

Chronic MyocarditisDate of onset 1938

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Ch. 1. 2. 1 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) Myron D. Jones, D.O.(Add.) Brunswick, Mo.

RECEIVED
Miller County Health Dept.

County File Number

Date filed

42-62
8/13/42