

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34571

State File No. _____

Registrar's No. 157

FILED NOV 8 1943
Registration District No. 200

Primary Registration District No. 5383

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Gladden Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether)
In this community about three years
years, months or days

3. (a) PRINT FULL NAME Clyde Bird

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Oct 25 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 28 hr. min.

9. Birthplace Kearney Co Neb
(City, town, or county) (State or foreign country)

10. Usual occupation an invalid

11. Industry or business X

MOTHER FATHER { 12. Name Chas Bird
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Eleanor Johnson
15. Birthplace Noraway Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Bird
(b) Address Gladden Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Trinity Cem

18. (a) Signature of funeral director W. L. Hume

(b) Address Salem Mo

19. (a) 10-26-43 (b) Jo D. Hume
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day Oct
year 1943 hour _____ minute 7A M.

21. I hereby certify that I attended the deceased from Sep 8
1943 to Oct 23 1943
that I last saw him alive on Oct 15
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary
Duration 3 or 4 yrs

Due to Influenza

Due to 1381

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy X

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury X

23. Signature W. L. Hume (M. D. or other) MD

Address Salem Mo Date signed 10-23-43

(Licensed Embalmer's Statement on Reverse Side)

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

1177

RECEIVED

District Health Officer No. 5.

District File Number 143645

Date Filed 1-6-43

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

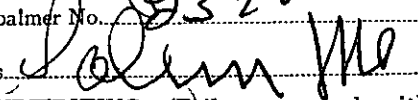
Signed



Licensed Embalmer No.

9320

P. O. Address



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, fact should be so stated above.