

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38514

State File No.

FILED DEC 8 1944

Registration District No.

Primary Registration District No.

5914

Registrar's No.

82

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Brazeau 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 1
(Specify whether

In this community 86-2-14
years, months or days)

3. (a) PRINT FULL NAME Lillie A. Byrd

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (b) Name of husband or wife Thomas Byrd
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased September 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 14
If less than one day hr. min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name John A. Hughy
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Eizabeth Jane Lucky
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant James Barber
(b) Address Seventy Six Mo.

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brazeau Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 11-21-44 (b) Thos. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79
(c) City or town Rural 8
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) ?
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1944 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from 11-15
to 11-19, 1944 to 11-19, 1944
that I last saw h. alive on 11-15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Bronchitis

Duration

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (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) (c) Means of injury

23. Signature G. A. Patrick (M. D. or other)
Address 2000 W. 10th St. Date signed 11-20-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1244-4625

Date Filed 12-2-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Mo

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.