

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 304

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

1. PLACE OF DEATH a. COUNTY <u>Maxion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Maxion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>507 North 3rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>L</u> c. (Last) <u>BYRD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 25, 1879</u>	9. AGE (In years last birthday) <u>70</u>	10. <u>11</u> YEAR <u>11</u> DAYS <u>11</u> HOURS <u>11</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Freight Handler</u>		11. BIRTHPLACE (State or foreign country) <u>Quincy, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>					

13a. FATHER'S NAME <u>Martin Byrd</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Feeney</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Byrd 507 N. 3rd Hannibal Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>352X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paraplegia</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from April 12, 1950, to 8-5, 1950, that I last saw the deceased alive on 7-30, 1950, and that death occurred at 4:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Murphy</u> (Degree or title)		23b. ADDRESS <u>Hannibal, Mo</u>		23c. DATE SIGNED <u>8-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Maxion MO</u>		
DATE REC'D BY LOCAL REG. <u>9-1-50</u>	REGISTRAR'S SIGNATURE <u>D. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Hannibal, Mo</u>			

RECEIVED SEP 11 1950  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 14 1950

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed *Michael J. O'Donnell*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3246*.....

P. O. Address. *Hannibal, 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.

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Marion } ss.

State File No. 27529  
Local Registrar's No. 304

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of Sept., 1950, 1950, before me appears Margaret Bird, who, upon her oath, states that the original record of <sup>birth</sup> death for William L Bird, <sup>died</sup> born August 5, 1950, 1950, in the State of Missouri, and which was filed at Hannibal, Mo. on 9-1-50, 1950, should be corrected as follows:

Item No. 3 should read William L Bird

Instead of William Bird

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

X Affiant. Margaret Bird Sister  
Margaret Bird Relationship.  
507 N Third St., Hannibal, Mo.  
Present Address.

Subscribed and sworn to before me this 11th day of Sept., 1950

My Commission expires \_\_\_\_\_ Notary Public. W. E. Fisher

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1950