

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.

JUN 8 1 1932

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

Do not use this space.

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 128
 Township Apple Creek Primary Registration District No. 51763
 City Collins Ridge (No. _____ St. _____ Ward _____)

2. FULL NAME William Henry Byrd
 (a) Residence, No. _____ St. _____ Ward. _____
 (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.

File No. 15514
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Jane Byrd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1858

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>73</u>	<u>8</u>	<u>16</u>	

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

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) Nov. 1-1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collins Ridge Mo.

13. NAME James Byrd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 2

15. MAIDEN NAME Aracelia Mizell

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

17. INFORMANT (ADDRESS) J.P. Boyd Collins Ridge Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Salem Cemetery DATE May 19 1932

19. UNDERTAKER (ADDRESS) Cragg & Miller Jackson Mo.

20. FILED N 10 1932 Laura Beach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1931, to May 17th 1932
 I last saw him alive on May 17th 1932 Death is said to have occurred on the date stated above, at 9 am
 The principal cause of death and related causes of importance were as follows:
Prostatic abscess Date of onset _____
137
87B D 137
 Other contributory causes of importance:
Paralysis of gaiters
8
 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? No
 If so, specify _____
 (Signed) A. J. Martine M. D.
 (Address) Collins Ridge Mo

