

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

Do not use this space.

27517

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St Louis mo** (No. **4150a St Ferdinand**)

File No.
 Registered No. **7762**
 St. Ward)

2. FULL NAME

Corine Byrd
 (a) Residence, No. **4150a St Ferdinand** 11 Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀	4. COLOR OR RACE col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. - 1898				
AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
abt 36				

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House work
	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)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **mo Ill**

13. NAME **Anthony Byrd**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Jennie Byrd**
 (ADDRESS) **2815 Franklin**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Greenwood** DATE **July 31, 1934**

19. UNDERTAKER **A. J. Deal and Co**
 (ADDRESS) **2726 Locust and**
DOE ST

20. FILED **7/28/34**
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/25/34**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at **7⁰⁰ A. M.**

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

Heart
22⁰⁰
1911
 Other contributory causes of importance:
Pul. Tuberculosis

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?

If so, specify
 (Signed) **J. J. Greeney**, M. D.

(Address) **1728/34**
Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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