

REC'D MAY 19 1939

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

15058
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 392
(b) Township Arcadia Primary Registration District No. 5546 B
(c) City or _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Ellen Byrd

(a) Residence, No. Pilot Knob Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem 4. COLOR OR RACE white 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. 8, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. school girl
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) Pilot Knob Mo.

FATHER 13. NAME Lando Byrd

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

MOTHER 15. MAIDEN NAME Myntie Moyer

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

17. INFORMANT (ADDRESS) Lando Byrd
Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleview Mo. DATE April 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons
Ironton Mo.

20. FILED Apr 13, 1939 E J Offinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20th, 1939, to April 12th, 1939

I last saw her alive on April 12th, 1939. Death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset 4/11/39
Bronchial-Pneumonia
Other contributory causes of importance: Typhoid Fever 3/20/39

Name of operation none Date of _____
What test confirmed diagnosis? Widal Was there an autopsy? no

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) P. E. Harland, M. D.
Ironton, Mo. (Address) 354

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.

X-14605

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.....

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, above space should be left blank.