

REC'D JUL 24 1939

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

22578  
Do not use this space.

1. PLACE OF DEATH 2  
 (a) County Linn Registration District No. 496  
 (b) Township Brookfield Primary Registration District No. 3025 Registered No. 65  
 (c) City Brookfield (d) Street No. 424 Shelby 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS PETER BIRD  
 (a) Residence, No. 424 Shelby St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Roser  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1869  
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
70 2 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer (retired)  
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad  
 10. Date deceased last worked at this occupation (month and year) 1-9-33 11. Total time (years) spent in this occupation 40  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio  
 FATHER 13. NAME Martin Bird  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 MOTHER 15. MAIDEN NAME Mary Feeney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) Mrs. T. P. Bird  
Brookfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL St. Michael Cem. Brookfield, Mo. DATE July 14, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rusk Funeral Home  
Brookfield, Mo.  
 20. FILED July 21, 1939 Worthen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939  
 22. I HEREBY CERTIFY, that I attended deceased from 7-15, 1939, to 7-12, 1939  
 I last saw him alive on 7-12, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver  
Hemorrhage into abdominal cavity  
 Date of onset 4 yrs  
 Other contributory causes of importance:  
None  
 Name of operation None Date of 7-10  
 What test confirmed diagnosis? Usual 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) Albert E. ... M. D.  
Brookfield, Mo. (Address)

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.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 7/24/39

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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, above space should be left blank.