

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

24460

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2673
 (c) City Kansas City, Missouri Street No. 1826 Cleveland, K.C., Mo. 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

630 Martha Ann Bird,
 (a) Residence, No. 1826 Cleveland Avenue, K.C., Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carlos James Bird, Sr.,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9th, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 24

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. At Home
 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) Unk. 913. NAME William Banta 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 915. MAIDEN NAME No Record 916. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT Eloyd H. Bird,
 (ADDRESS) 1826 Cleveland Ave., K. C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cem. DATE July 6th, 193919. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster
 (ADDRESS) 918 Brooklyn Avenue,20. FILED July 4 1939 M. M. Coome
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner
 I last saw the body on July 3rd, 1939 Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Chronic diffuse myocardial fibrosis
Acute pulmonary congestion
 Other contributory causes of importance: 93c

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (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) Walter H. Butler, M. D.(Address) K. C. Mo.

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.

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. 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.