

DEC 11 1939

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

39101
Do not use this space.

1. PLACE OF DEATH
BUCHANAN 85
(a) County..... Registration District No.....
(b) Township..... Primary Registration District No. 1001
(c) City ST. JOSEPH (d) Street No. MO. METH. HOSPITAL
(e) Length of residence in city or town where death occurred 36 yrs. 5 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1235

2. PRINT FULL NAME JACK C. BYRD
(a) Residence, No. 1024 CHURCH 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 MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LUCILE GOW
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 28TH, 1903
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 36 5 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MGR SANITARIUM
9. Industry or business in which work was done, as saw mill, bank, etc. BYRD SANITARIUM
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH, MO. (STATE OR COUNTRY)

FATHER 13. NAME CHAS. F. BYRD
14. BIRTHPLACE (CITY OR TOWN) PUTNAM COUNTY IND. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME NORA S. ACKLES
16. BIRTHPLACE (CITY OR TOWN) GENTRY COUNTY MO. (STATE OR COUNTRY)

17. INFORMANT DR. C. F. BYRD (ADDRESS) 1024 CHURCH ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE DEC. 2ND, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC (ADDRESS) 1940 CALHOUN ST. JOSEPH, MO.

20. FILED Dec 1 1939 J. J. Nealebur Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 29TH, 1939
22. I HEREBY CERTIFY, That I attended deceased from 11/27, 1939, to 11-29, 1939
I last saw him alive on 11-28, 1939 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:
Acute morphinism
" Alcoholism
75 lb
Other contributory causes of importance: ?

Name of operation none Date of...
What test confirmed diagnosis? Tending Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. W. Parley, M. D.
(Address) 307 1st St. S. J. Mo.

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.....

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.