

DEC 18 1940  
X21492DEPARTMENT OF COMMERCE  
BUREAU OF CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **38830**Registration District No. **373**Primary Registration District No. **5520**

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County Holt  
 (b) City or town Rural Lewis Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
County home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days) 3

3. (a) PRINT  
FULL NAMEThomas Lee Byrd

3. (b) If veteran,
- 
- name war
- None

3. (c) Social Security
- 
- No.
- None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased
- Aug. 16 1884
- 
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 
- 56
- 2
- 27
- hr. min.

9. Birthplace
- Clay County, Mo.
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Laborer

11. Industry or business
- Farm

12. Name Thomas Andrew Byrd  
 13. Birthplace Little Rock, Arkansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Elizabeth Holmes  
 15. Birthplace Uniontown, Pa.  
 (City, town, or county) (State or foreign country)

16. (a) Informant
- Belle Hitehinson

- (b) Address
- 3328 Forest St. St. Louis, Mo.

17. (a)
- Burial
- (b) Date thereof
- Nov 15-40
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Oregon, Mo.

18. (a) Signature of funeral director
- James H. Pittjahn

- (b) Address
- Oregon, Mo.

19. (a)
- 11-15-40
- (b)
- J. C. Charater
- 
- (Data received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Holt  
 (c) City or town Rural - Minton Twp.  
 (If outside city or town limits write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
0  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Nov 13
- day \_\_\_\_\_
- 
- year
- 1940
- hour
- 4 am
- minute
- 0
- M.

21. I hereby certify that I attended the deceased from
- Nov 10
- 
- \_\_\_\_\_, 19
- 40
- , to
- Nov 13
- , 19
- 40
- ;

that I last saw him alive on Nov 12, 1940

and that death occurred on the date and hour stated above,

Immediate cause of death Uremia -  
coma - Duration 3 daysDue to Chronic interstitial  
nephritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 121

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy None

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_

- (b) Date of occurrence \_\_\_\_\_

- (c) Where did injury occur? \_\_\_\_\_
- 
- (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
- 
- 334

- While at work? \_\_\_\_\_ (Specify type of place)

- (e) Means of injury \_\_\_\_\_

23. Signature
- Geo. Chandler
- (M. D. or other) \_\_\_\_\_

- Address
- Oregon, Mo.
- Date signed
- 11-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

3 days

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

**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.....

*Ralph C. Moore*

Licensed Embalmer No. *1743*

P. O. Address *Oregon, 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.