

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

Do not use this space.

26143

1. PLACE OF DEATH

County Jackson Registration District No. _____ File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. 3051
 City Kansas City (No. 17) Highway filling station Ward _____

2. FULL NAME

Edward Sherman Birdsong
 (a) Residence, No. 1701 Main St., Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodosha Birdsong Mar. 1914

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1869

7. AGE YEARS 63 MONTHS 7 DAYS 5 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter.
 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) California Mo.!

13. NAME Peter Birdsong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo.!

15. MAIDEN NAME Miss Redman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown!

17. INFORMANT James C. Birdsong
 (ADDRESS) 1006 E 26th

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerton, Mo. DATE Aug 9 1932

19. UNDERTAKER Eggleston Funeral Home
 (ADDRESS) W. C. Mo.

20. FILED Aug 8 1932 M. M. Crome
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1932 Saturday

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1932

I last saw h. live on 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Asbestos
99 99
 Date of onset _____
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) Deputy Coroner M. D. _____
 (Address) Deputy Coroner

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.

