

Death Certificate

Jasper Anthony (Archie) Byrd

Born: September 30, 1889 at Clay County, Arkansas

Died: December 23, 1968 at Greene County, Arkansas

Burial: Linwood Cemetery, Greene County, Arkansas

Certificate of Death - Arkansas State Board of Health

Certificate Number		Registration District No.		ARKANSAS STATE DEPARTMENT OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH		'68 19309	
1. PLACE OF DEATH A. COUNTY	Greene	JAN 15 1969		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION, RES. BEFORE ADM.) A. STATE		Arkansas	
	B. CITY, TOWN, OR LOCATION	Paragould	C. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	C. CITY, TOWN, OR LOCATION		D. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
D. NAME OF HOSPITAL OR INSTITUTION				E. STREET ADDRESS			
At Home				808 Rector Road			
3. NAME OF DECEASED (TYPE OR PRINT)			FIRST MIDDLE LAST		4. DATE OF DEATH		
Jasper A. Byrd					Dec. 23, 1968 2:58 P.		
5. SEX	6. COLOR OR RACE	7. SOCIAL SECURITY NUMBER		8. DATE OF BIRTH	9. AGE (IN YRS., LAST BIRTHDAY)	10. IF UNDER 1 YEAR	11. IF UNDER 24 HOURS
M	W	1-31-03-7917		Sept. 30, 1889	79	Months	Days
10A. USUAL OCCUPATION (GIVE KIND OF WORK)				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
Plumber				Painter Paper Hanger		Missouri	
12. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
				Opal Byrd			
15. FATHER - NAME				16. MOTHER - MAIDEN NAME			
Lud Byrd				Frances Browning			
17A. INFORMANT - NAME				17B. MAILING ADDRESS (STREET OR R.F.D. No., CITY OR TOWN, STATE, ZIP)			
Opal Byrd				179 Rector Road Paragould, Arkansas			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))							
18. IMMEDIATE CAUSE							
1. Myocardial Infarction							
2. C.V.D.							
3. ...							
PART II. OTHER SIGNIFICANT CONDITIONS							
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.							
19A. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)							
20A. DATE OF INJURY (MONTH, DAY, YEAR)							
20B. HOUR							
20C. LOCATION (STREET OR R.F.D. No., CITY OR TOWN, STATE)							
20D. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I)							
21A. CERTIFICATION - PHYSICIAN							
21B. CERTIFICATION - MEDICAL EXAMINER OR FORENSIC (ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INFORMATION RECEIVED FROM THE NEAREST RELATIVES AND OTHER PERSONS KNOWN TO THE DECEASED AT THE TIME AND DATE OF DEATH)							
22A. SIGNATURE							
22B. CERTIFIER - NAME (TYPE OR PRINT)							
22C. DATE SIGNED (MONTH, DAY, YEAR)							
23A. FUNERAL HOME							
23B. CEMETERY OR CREMATORY - NAME							
23C. LOCATION (CITY OR TOWN, STATE)							
24A. DATE (MONTH, DAY, YEAR)							
24B. FUNERAL DIRECTOR - SIGNATURE AND ADDRESS (STREET OR R.F.D. No., CITY OR TOWN, STATE, ZIP)							
24C. DATE RECEIVED BY LOCAL REG.							
25. REGISTAR'S SIGNATURE							



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

JAN 14 00

William G. Adams
State Registrar

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID, DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

0901790

VR-112

THE REVERSE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.