19641-b

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

PLACE OF DEATH

County Camden

Township Osage or Village or City

Registration District No. 117

Primary Registration District No. 406

File No. 19641-B

Registered No.

(No. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME D. N. Byler

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	white	Married

DATE OF BIRTH Jan (Month) 26 (Day), 1846 (Year)

AGE 72 yrs. 5 mos. 1 ds. If LESS than 1 day, — hrs. or — min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): ✓

BIRTHPLACE (City or town, State or foreign country): Cooper Co. Mo.

PARENTS
- NAME OF FATHER: Thomas Byler
- BIRTHPLACE OF FATHER (City or town, State or foreign country): Dont Know.
- MAIDEN NAME OF MOTHER: Jane Gilbreth
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): Dont Know.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Apple Byler

(ADDRESS) Linn Creek Mo.

Filed June 28 1918 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 27. (Day), 1918 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1 —, 1918, to June 27, 1918, that I last saw h— alive on June 27 —, 1918, and that death occurred, on the date stated above, at 11 — a m.

The CAUSE OF DEATH* was as follows:

Chronic Dysentary

13C

(Duration) — yrs. 6 mos. — ds.

Contributory (SECONDARY) —

(Duration) — yrs. — mos. — ds.

(Signed) John D. Moneder. M. D.

Dec 26 — 1918 (Address) Linn Creek Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals Institutions, Transients, or Recent Residents)

At place of death — yrs. — mos. — ds. In the State — yrs. — mos. — ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Linn Creek Cemetary	June 28 1918
UNDERTAKER Frank Lewis	**ADDRESS** Linn Creek Mo.

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

County _____

Township _____ Registration District No. _____ File No. _____

or

Village _____ Primary Registration District No. _____ Registered No. _____

or

City _____ (No. _____ St. _____ Ward) [If death o hospital or give its NA of street and

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) | DATE OF DEATH

DATE OF BIRTH

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

, 191 , to

that I last saw h alive on

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

The CAUSE OF DEATH* was as follows:

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country)

(Duration) yrs. mos.

Contributory (Secondary)

(Duration) yrs. mos.

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

(Signed)

, 191 (Address)

*State the Disease Causing Death, or, in deaths from Violent Ca (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos.

Where was disease contracted if not at place of death?

Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

ADDRESS

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL

UNDERTAKER | ADDRESS

Filed , 191

REGISTRAR