1927

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

Do not use this space.

10737

1. PLACE OF DEATH
County Vernon
Township [illegible]
City Nevada, (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 3039

File No. .....
Registered No. 73

2. FULL NAME Morton Byson
(a) Residence. No. 922 E. Hickory St., S.E. Ward. #5
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ola Byson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 66	11	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Section Hand
(b) General nature of industry, business, or establishment in which employed (or employer) Track Work
(c) Name of employer MOPR Way

9. BIRTHPLACE (CITY OR TOWN) Pocahontas
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Thomas Byson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Mary Stevens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Maryland

14. INFORMANT Flora McKey
(Address) Pittsburg Kansas

15. FILED 5/19 1927 E. C. Kirk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21st 1927

17. I HEREBY CERTIFY, That I attended deceased from March 21st 2.30 P.M., 1927, to May 21st 3 P.M., 1927 that I last saw him alive on March 21st, 1927, and that death occurred, on the date stated above, at 2.50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Two attacks about 15 minutes apart
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Pus teeth
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? No test made
(Signed) F. W. Amerman, M. D.
3-23-1927 (Address) Nevada Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newton Cemetery — DATE OF BURIAL 3/23 1927
20. UNDERTAKER Terry Funeral Home — ADDRESS Nevada 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.

PERMANENT RECORD