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

Do not use this space.

16224

JUN 29 1927

1. PLACE OF DEATH
County St Louis — Registration District No. 790
Township Carondelet — Primary Registration District No. 6033
City Clayton (No. 7754 Carondelet St. Ward)
File No.
Registered No. 130

2. FULL NAME Elinore Barwick Byerly
(a) Residence. No. 7754 Carondelet St., ave 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Brint R. Byerly

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 10, 1870

7. AGE: Years 57 | Months 1 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Philip Reiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Eliza Barwick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): England

14. INFORMANT: Brint R. Byerly
(Address) 7754 Carondelet ave

15. FILED 5/16 1927 J. B. Sudduth REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14, 1927

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1927, to May 14, 1927 that I last saw her alive on May 14, 1927, and that death occurred, on the date stated above, at 3:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the uterus with abdominal metastases
40
53½
92c (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Chronic myocarditis
(duration) 1½ yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. L. Brooks Jr., M. D.
5-15, 1927 (Address) University Club Bldg.

*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: Bellefontaine
DATE OF BURIAL: 5-16-1927

20. UNDERTAKER: Wagoner Und Co.
ADDRESS: 3621 Olive

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.