

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

Do not use this space.

11707
9614-a

File No.
Registered No. 10
St. Ward)

1. PLACE OF DEATH
County Lafayette Registration District No. 466
Township Clay Primary Registration District No. 5622C
City (No. St. Ward)

2. FULL NAME Leo Byler
(a) Residence, No. St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 24

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928
17. I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to March 27, 1928, that I last saw h. in alive on March 27, 1928, and that death occurred, on the date stated above, at 11:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, acute lobar
12/13/1919
10/18 (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Appendicitis
(duration) yrs. mos. 2 ds.

9. BIRTHPLACE (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Benton Co. Mo

10. NAME OF FATHER Buford Nelson Byler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Quincy
(STATE OR COUNTRY) Benton Co. Mo

12. MAIDEN NAME OF MOTHER Wendy Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bonneton
(STATE OR COUNTRY) Marion Co. Mo

14. INFORMANT Buford Nelson Byler
(Address) Odessa Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at patient home

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 26-1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Diagnosis
(Signed) W. H. ..., M. D.
3/27, 1928 (Address) Odessa 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.

15. FILED 227 1928 F.H. Mann
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odessa Cemetery DATE OF BURIAL 3-27, 1928
20. UNDERTAKER Blaney & Sons ADDRESS Odessa Mo

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.

1928

