

AN 22 1929

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

Do not use this space.

39822

**1. PLACE OF DEATH**County CedarRegistration District No. 163

File No. \_\_\_\_\_

Township El Dorado SpgsPrimary Registration District No. 4095Registered No. 58City El Dorado Spgs

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**Larrah Bybee

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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**W. C. M. Bybee - 1844**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Oct 20, 1844**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

84125**8. OCCUPATION OF DECEASED**

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

Housewife

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Uniontown -**10. NAME OF FATHER**Wm Recktor**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Dont know.**12. MAIDEN NAME OF MOTHER**Rebekah Lamb**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Dont know.**14.**INFORMANT \_\_\_\_\_  
(Address)W. C. M. Bybee.**15.**FILED 2-14-1928J. H. Dawson

REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)** 12-14-1928**17.**HEREBY CERTIFY, That I attended deceased from Apr. 2 - 1927, to 12-14-1928.  
that I last saw him alive on Dec 13 - 1928, and that death occurred, on the date stated above, at 6 A. M.**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**Chronic Myocarditis**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRIBUTED**

IF NOT AT PLACE OF DEATH:

**0 DID AN OPERATION PRECEDE DEATH?** NO. DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) J. H. Dawson12-14-1928 (Address) El Dorado Spgs 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****DATE OF BURIAL**City Cem. El Dorado Spgs12-14-1928**20. UNDERTAKER****ADDRESS**J. C. NagusEl Dorado Spgs

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.

WRITE FULLY, WITH CARE

