

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

Do not use this space.

5361

**1. PLACE OF DEATH**

County Andrew Registration District No. 26 File No. \_\_\_\_\_  
 Township Saltome Primary Registration District No. 5034 Registered No. 17  
 City Mexia RFD (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert T. Byars  
 (a) Residence No. 17 50 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 - 1914  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. \_\_\_\_ min.  
81 6 30  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Barnes, Mo  
 (STATE OR COUNTRY) \_\_\_\_\_

**PARENTS**  
 10. NAME OF FATHER R. Byars  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Tommy Byars  
 (Address) RFD 7 - Mexico MO

15. Feb 16 29 Ira S. Milligan  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5th 1929  
 17. I HEREBY CERTIFY That I attended deceased from Oct 1st 1928 to Feb 5th 1929  
 that I last saw him alive on Feb 3rd 1929, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
arterio sclerosis  
97  
112 110 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) Senility  
 (duration) yrs. mos. da.

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?  
 (Signed) R. S. Williams, M. D.  
 , 19 (Address) Mexico 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 Barnes Mo town DATE OF BURIAL 7 - 7 1929

20. UNDERTAKER H A Kreck town ADDRESS Mexico 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. 1929

