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

Do not use this space.

5583

MAR 21 1929

PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 252

City St. Joseph, (No. 3805 King Hill Avenue, St. Ward)

2. FULL NAME Willis Charles Byers,

(a) Residence. No. 3805 King Hill Ave St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 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 Louzena Pamelia Byers,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	3	22	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer C.B.&.Q. Railway Co.

9. BIRTHPLACE (CITY OR TOWN) Newville, (STATE OR COUNTRY) Pennsylvania,

PARENTS

10. NAME OF FATHER Samuel Byers,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newville, (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Nancy E. Wynekoop

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newville, (STATE OR COUNTRY) Pennsylvania,

14. INFORMANT Mrs. W. J. Byers (Address) 3805 King Hill Avenue,

15. FILED FEB 27 1929 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 25, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1929, to Febr. 25, 1929, that I last saw him alive on Febr. 25, 1929, and that death occurred, on the date stated above, at 10:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Myocardial Insufficiency, 93D

Lobar (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) ~~Hypostatic~~ Pneumonia

(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical & laboratory tests

(Signed) Dwerys H. Frommer, M. D

Feby 27, 1929 (Address) P. & S. Bldg. St. Joseph, 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 Mount Mora (Vault) Cem. — DATE OF BURIAL Feb'y 28 1929

20. UNDERTAKER Heaton-B. Gole & Bowman — ADDRESS 319 S. 10 St.

Funeral Home

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.

70

2

2

2