MAR 21 1929

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

5926

1. PLACE OF DEATH
County: Cooper
Township:
City: Bunceton (No. ..... St. ..... Ward)
Registration District No. 219
Primary Registration District No. 4132
File No. 2a
Registered No. 6

2. FULL NAME: Margriete B Byas
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 42 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charley Byas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 2o 1870

7. AGE: Years 58 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Cooper Co MO

PARENTS
10. NAME OF FATHER: Edmond Hillidy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Charley Byas
(Address) Bunceton MO

15. FILED Mar 10 1929 Hattie Paxton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 15th 1929

17. I HEREBY CERTIFY, That I attended deceased from 1000 12, 1928, to Feb 15th, 1929, that I last saw her alive on Feb 15, 1929, and that death occurred, on the date stated above, at 6 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
11 B
166 B
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. 1 mos. ..... ds.

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) W. H. Elliott, M. D
, 19 (Address) Bunceton 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: Bunceton MO Feb 18 1929
DATE OF BURIAL: 19

20. UNDERTAKER: L.G. Parker Bunceton MO
ADDRESS

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.

23
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31
31