

7311-1

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

Do not use this space.

7311-1

1. PLACE OF DEATH

County Monroe
Township Clay
City (No.) St. Ward

Registration District No. 83-5511
Primary Registration District No. 60-91

File No. 23
Registered No.

2. FULL NAME Bessie E. Byars

(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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Byars

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 4

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) Monroe Co.

10. NAME OF FATHER J. M. Williamson

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

12. MAIDEN NAME OF MOTHER Martha Bell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe

14. INFORMANT C. M. Byars (Address) Shelburne Mo.

15. FILE NO. 710 1929 Walter Groch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1929, to Feb. 22, 1929 that I last saw her... alive on February 22, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Broncha
1076

CONTRIBUTORY (SECONDARY) 100%

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

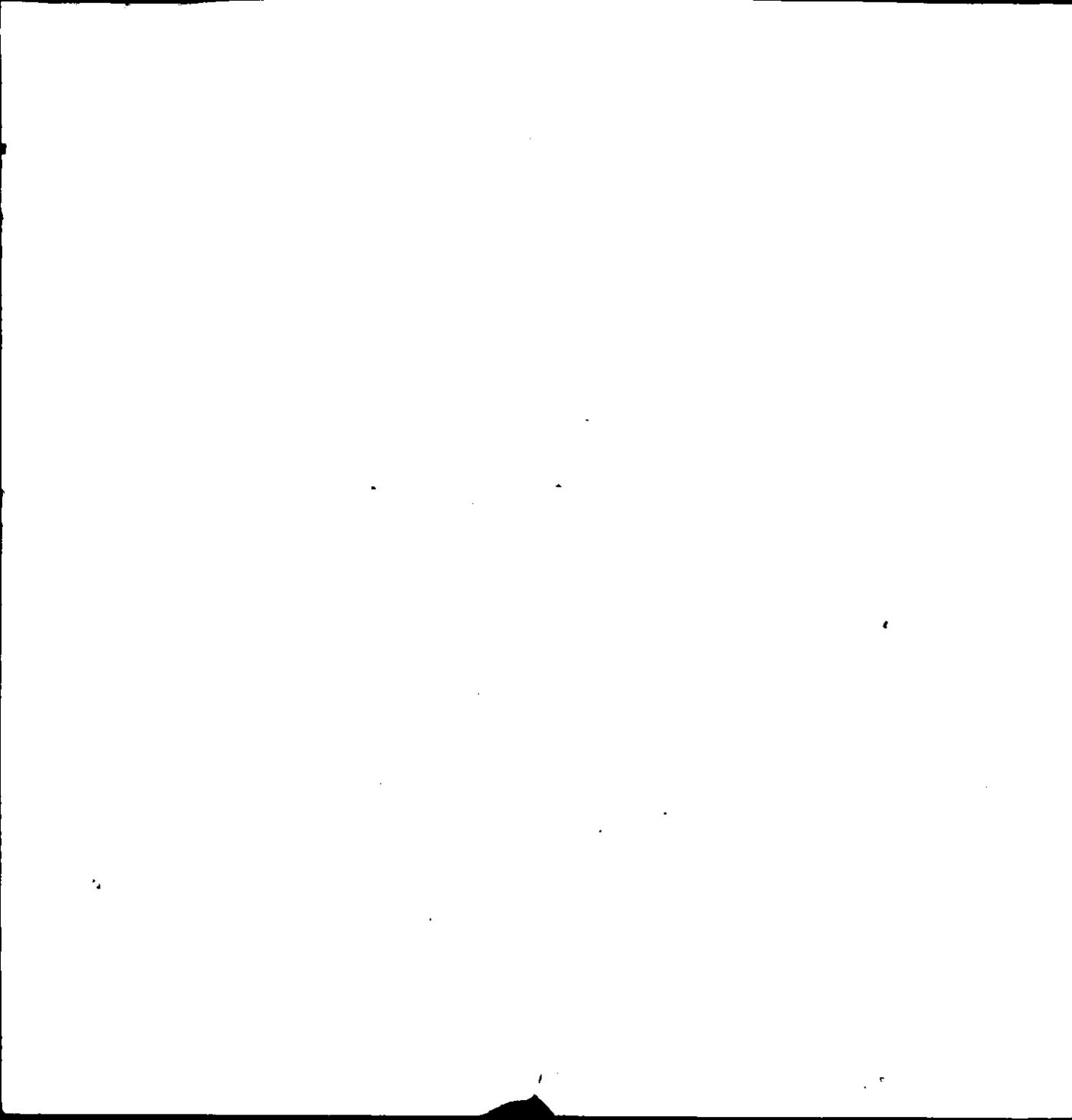
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Byars M. D.
, 19 (Address) Shelburne 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 Spencer Chappel DATE OF BURIAL Feb. 24 1929

20. UNDERTAKER J. B. Prothro ADDRESS Shelburne Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe
Township Clay
City g (No.) St. Ward)

Registration District No. 378
Primary Registration District No. 3782

File No. 23-
Registered No.

2. FULL NAME

Jessie C. Byars

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Byars

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 4

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) Monroe Mo.

10. NAME OF FATHER J. M. Williamson

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

12. MAIDEN NAME OF MOTHER Martha Ball

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo.

14. INFORMANT (Address) C. M. Byars Shelbina Mo.

15. FILED 8/7 1929 J. J. Conroy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1929

17. I HEREBY CERTIFY that I attended deceased from February 22 1929 to Feb 27 1929 that I last saw him alive on Feb 22, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Broncho
..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. A. Furnish, M. D.
. 19 (Address) Shelbina 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
Spencer Chappel Feb 24 1929

20. UNDERTAKER ADDRESS
J. B. Brothers Shelbina

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

SUPPLEMENTARY

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