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

Do not use this space.

18456

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2532
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 521½ East 12th St. St. Ward)

2. FULL NAME Hiram W. Byrne
(a) Residence. No. 521½ E 12 St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Guess	60	unk		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work midwest Employment Service
(b) General nature of industry, business, or establishment in which employed (or employer) 1226 Grand
(c) Name of employer Ha 8150

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

PARENTS
10. NAME OF FATHER unknown
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 Eylar
(Address) 1800 Linwood

15. FILED 6/5, 1929 M. M. Crowe asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH Friday.

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner ....., 19...., to ....., 19...., that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C Acute Dilatation
95B of heart
(duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED 90B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M. Hall, M. D.
5/17, 1929 (Address) Deputy Coroner.

*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
Maple Hill	June 5 1929
20. UNDERTAKER	ADDRESS
Eylar Funeral Home	1800 Linwood

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.