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JUL 26 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22082

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Long Prairie — Primary Registration District No. 5762 — Registered No. 54
City ~~Bertrand~~ Lily (No. ..... St. ..... Ward)

2. FULL NAME Maxine Byler
(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 3 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1922

7. AGE: Years 7 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(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): Camden County, Mo.

PARENTS
10. NAME OF FATHER: A. T. Byler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Mo.
12. MAIDEN NAME OF MOTHER: Amantha Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pulaski County Mo.

14. INFORMANT X A. T. Byler
(Address) X Bertrand Mo.

15. FILED June 11th, 1929 J S Vernon REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH 1:00 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-11 1929

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1929, to June 11, 1929, that I last saw her alive on June 11, 1929, and that death occurred, on the date stated above, at one (1) P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo-cardites
91B
87B
(duration) yrs. 2 mos. 30 ds.

CONTRIBUTORY (SECONDARY) St. Vitus Dance
(duration) yrs. 2 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? none
(Signed) W. T. Daughtrey M. D
, 19 (Address) Bertrand, 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: Laughlin Cemetery - Camden County Mo.
DATE OF BURIAL: 6-13 1929
20. UNDERTAKER: Lair And. Co. [signature]
ADDRESS: Charleston 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.