

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

Do not use this space.

28250

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. 325) McHatt Ave St. _____ Ward _____

File No. _____
Registered No. 142

2. FULL NAME

Margaret E. Byrum
(a) Residence. No. 335 McHatt Ave 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John William Byrum</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 18-1857</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>9</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 22 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1929, to Aug 22, 1929, that I last saw her alive on Aug 11, 1929, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

hemorrhage of left foot and leg
99A
98B

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Thrombosis of left popliteal artery (duration) yrs. mos. ds. 11
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? Clinical
(Signed) Thomas D. Miller, M. D.
, 19 (Address) Aurora, Mo

9. BIRTHPLACE (CITY OR TOWN) Randolph co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Steve Gannon

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

12. MAIDEN NAME OF MOTHER Masha Johnson

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

14. INFORMANT John Wm Byrum
(Address) Aurora Mo

15. FILED 9-1, 19 29
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Huntsville Mo DATE OF BURIAL 8/23 1929

20. UNDERTAKER King Funeral Home Aurora Mo
ADDRESS _____

