

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

Do not use this space.

MAY 27 1930

13572

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Pettis

Primary Registration District No. 3032

City Sedalia (No.)

File No.

Registered No. 111

St. Ward)

2. FULL NAME

Lee John Byas

(a) Residence. No. 929 N. Osage St., Ward.

(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

M

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

widowed

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

12-29-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

48

3

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Labor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sedalia Missouri

10. NAME OF FATHER

Nelson Byas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

12. MAIDEN NAME OF MOTHER

Mahale Byas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

14. INFORMANT

Ethel Smith
(Address) 923 N. Osage St

15. FILED

4-26-30 J. J. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24-1930

17. HEREBY CERTIFY, That I attended deceased from June 5th 1929, to April 24-1930 that I last saw him alive on 7-24-1929 and that death occurred, on the date stated above, at 1:12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

91A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

HTO

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? N

WHAT TEST CONFIRMED DIAGNOSIS Chrom

(Signed) A. H. Maddox M. D.

, 19 (Address) 116 1/2 West Main

*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

Sedalia, Mo.

4/28/1930

20. UNDERTAKER

ADDRESS

F. W. Ferguson

Sedalia

N. B.—Every item of information 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.

