

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

Do not use this space.

23386

**1. PLACE OF DEATH**

County Laclede  
Township Gasconade  
City (No. ....) St. .... Ward)

Registration District No. 453  
Primary Registration District No. 5619

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

James Franklin Byers

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-21-1930

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Laclede Mo  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Alford Lee Byers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson Co  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Effa Edith Vandam  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lafayette Co  
(STATE OR COUNTRY) Missouri

14. INFORMANT Effa Edith Byers  
(Address) Plato Mo

15. FILED 7-23-30 L. D. Hartley REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930

17. I HEREBY CERTIFY, That I attended deceased from at the time of the Birth to 1930, 19... that I last saw him alive on July 21, 1930, and that death occurred, on the date stated above, at 3:50 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

The Baby was born prematurely and was under developed. There was no Doctor present at the time of death. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159

158 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert B. Tiller, M. D.

, 19 (Address) Plato 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 Cook Cemetery DATE OF BURIAL 7-23-1930

20. UNDERTAKER Clide Cook ADDRESS Plato Mo

A. B.—every item of information should be carefully supplied. AGE should be stated EXACTLY. If residence must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 25 1930

