

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

Do not use this space.

36707

1. PLACE OF DEATH

County Brookfield Registration District No. 496
 Township Brookfield Primary Registration District No. 3025
 City Brookfield (No.) St. Ward

File No.
 Registered No. 80

2. FULL NAME

(a) Residence No. 620 So. Webster St. 3 Ward
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 9 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (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) Case Co. Ill

10. NAME OF FATHER Charles E. Pratt

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

12. MAIDEN NAME OF MOTHER Mrs. Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. W. L. Johnson
 (Address) 520 W. Ave

15. FILED 11-3-30 Bessie M. Fox
 Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1930, to Nov 1, 1930
 that I last saw her alive on Nov 1, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arteriosclerosis
 (duration) 10 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Hepatitis
 (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Illinois
 IF NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS usual clinical methods
Crossley, M. D.
 (Signed) Brookfield, Mo.
 , 19 (Address)

*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 Ross Hill Cemetery DATE OF BURIAL 11/3/30

20. UNDERTAKER Hunter, Rollins ADDRESS Brookfield

