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.

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

Do not use this space.

10446

1. PLACE OF DEATH
County: Jefferson
Township: Joachim
City: Crystal City (No. ..... St. ..... Ward)
Registration District No. 421
Primary Registration District No. 55735
File No.
Registered No. 30

2. FULL NAME Emma Justine Byas
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12 - 1930
7. AGE: Years 0 Months 4 Days 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crystal City Mo.

FATHER
13. NAME: Richard Byas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Marys Mo

MOTHER
15. MAIDEN NAME: Vare Lollis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus Mo

17. INFORMANT (ADDRESS): Vera Byas Crystal City
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Zion DATE: 3/15/31
19. UNDERTAKER (ADDRESS): Finck and Co Festus Mo
20. FILED: 3/14/31 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/12/31

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 12, 1931
I last saw her alive on March 12, 1931. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3-1-31
107A	
107	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry Wright, M. D.
(Address) Festus Mo