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

Do not use this space.

18357

File No.
Registered No.

1. PLACE OF DEATH
County: Jasper
Township: Marion
City: Carthage (No. , St. Ward)

Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME: Samuel Roscoe Bye

(a) Residence, No. 400 E. Macon St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH may be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Blurred or illegible words should be avoided.

MAY 25 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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): August 2, 1924

7. AGE: Years 6 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School-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): Carthage Missouri

FATHER
13. NAME: Stanley E. Bye
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indianapolis Indiana

MOTHER
15. MAIDEN NAME: Rena May Peebles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hurley Missouri

17. INFORMANT: Stanley E. Bye
(ADDRESS) 400 E. Macon - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: May 8, 1931

19. UNDERTAKER: Knell Mortuary
(ADDRESS) Carthage, Missouri

20. FILED: 5/7, 1931 E. D. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1931, to May 5, 1931
I last saw him alive on May 5, 1931. Death is said to have occurred on the date stated above, at 1.0 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	March 31
Intestinal Obstruction	May 2, 31
Small-pox vaccination with vaccinia	Jan 7, 31

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) R. W. Webster, M. D.
(Address) Carthage, Mo.

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Jasper — Registration District No.: 408 — File No.:
Township: — Primary Registration District No.: 3020 — Registered No.:
City: Carthage (No. ..... St. ..... Ward)

2. FULL NAME: Samuel Roscoe Bye

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

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

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 6/8, 1931. Estelle Chase
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
Intestinal Obstruction
Small-pox vaccination
with viscinia
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Fecal impaction
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) ....., M. D
, 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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. ACCURATE and fully supplied. ACCURATE DATES 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY L

...ANENT RECORD

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