

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

Do not use this space.

1. PLACE OF DEATH

50 County Zellevision
Township Madison
City Wentzville (No. _____)

Registration District No. 421
Primary Registration District No. 5575

File No. 16945
Registered No. 47
St. _____ Ward _____

2. FULL NAME

Phillip Kennedy Byington

(a) Residence, No. Wentzville Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) St. Louis Mo.

13. NAME Richard Byington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville Mo.

15. MAIDEN NAME R Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT P E Byington (ADDRESS) Wentzville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Home DATE May 13, 1933

19. UNDERTAKER Wheeler & Vinograd (ADDRESS) Wentzville Mo

20. FILED May 27, 1933 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1933, to May 11, 1933. I last saw him alive on May 10, 1933. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Pneumonitis (Intestinal)
46
Other contributory causes of importance:
Pneumonia of large intestine

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) Dr. O. E. Hussey M. D.
(Address) Wentzville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 23 1933

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