

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

Do not use this space.

1. PLACE OF DEATH

County Ruchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 1525 South 14th Street)

File No. 22343

Registered No. 673

22343

673

St. _____ Ward _____

2. FULL NAME Chris M. Byers

(a) Residence, No. 1525 South 14th 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*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1877

7. AGE YEARS 55 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Kansas City, Missouri

13. NAME John N. Byers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Fugbert Byers

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

17. INFORMANT Elizabeth Byers
(ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 4, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.
(ADDRESS) St. Joseph, Missouri

20. FILED 7-3-33, 1933 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1933, to July 1, 1933

I last saw him alive on June 30, 1933. Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Tuberculosis of the Right Lung Date of onset _____

Other contributory causes of importance:

Chronic Nephritis
Right lung & side crushed in Rail road accident 3 years ago in St. Joseph

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

Where did injury occur? St. Joseph (facts unknown)
(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) Dr. Wm. P. Benz, M. D.

(Address) 209-10 Kinspatich Bldg.

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.

AUG 26 1933

123

