

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

Do not use this space.

28189

1. PLACE OF DEATH

County Schuyler
Township Downing
City Downing (No. _____)

Registration District No. 802
Primary Registration District No. 4451

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Leland Byers
(a) Residence No. _____ St. _____ 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 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) Nov 4-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 9 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Schuyler Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Orvin Byers

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

12. MAIDEN NAME OF MOTHER Jacoe Peterson

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

14. INFORMANT Orvin Byers
(Address) Downing Mo

15. FILED 13, 1933 J.P. Bonaparte REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 1933

17. I HEREBY CERTIFY, That I attended deceased from July 30 1933, to Aug 22 1933, that I last saw him alive on Aug 21 1933, and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infectious enteritis
119B

CONTRIBUTORY (SECONDARY) 119B
(duration) yrs. mos. ds. 26

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) F. V. De Vorey, M.D.
Aug 23, 1933 (Address) Downing, Mo.

*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 Coffey Cem DATE OF BURIAL Aug 23 1933

20. UNDERTAKER Robert Moore ADDRESS Downing Mo

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

SEP 26 1933

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.

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