

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.

NOV 10 1933

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

Do not use this space.

32468

1. PLACE OF DEATH

County Carter
Township Carter
City Van Buren (No. _____)

Registration District No. 143
Primary Registration District No. 5205

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

2. FULL NAME Joseph Thurman Byers

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1916</u>		
7. AGE <u>17</u>	YEARS <u>6</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Boy</u>		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 _____

OCCUPATION

MOTHER FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

12. BIRTHPLACE (CITY OR TOWN) Silverwood, Indiana
(STATE OR COUNTRY)

13. NAME Joseph Byers

14. BIRTHPLACE (CITY OR TOWN) Brazil
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Della Salladay

16. BIRTHPLACE (CITY OR TOWN) Brazil
(STATE OR COUNTRY) Indiana

17. INFORMANT Joseph Byers, Father
(ADDRESS) Van Buren, Mo.

18. PLACE OF REMOVAL Removal to
PLACE Hermitage, Mo. DATE Oct. 29, 1933

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren, Missouri

20. FILED 10-28, 1933 J. H. Cotton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1933

22. I HEREBY CERTIFY, That never attended deceased from never, 19____, to _____, 19____.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

I saw the body after death, diagnosis of reputable physician elsewhere was Pulm. Tuberculosis.
Date of onset _____
I yr. _____
previ- _____
ous- _____

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) O. V. Keenan, M. D.
(Address) Van Buren

Vico

