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.

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

Do not use this space.

37651

1. PLACE OF DEATH

County: St Clair — Registration District No.: 763

Township: Butler — Primary Registration District No.: 6005

City: ..... (No. ..... St. ..... Ward)

File No.: ..... Registered No.: 16

2. FULL NAME: Byron Francis Ocean

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

Length of residence in city or town where death occurred: yrs. ..... mos. 48 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: Jane Ocean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16, 1857

7. AGE: Years 72 — Months 4 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Pontiac Ill — Livingston Co

FATHER

13. NAME: Francis Ocean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Hugeabone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ottawa Ill

17. INFORMANT (ADDRESS): Ernest Ocean — Osceola Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lowry City Cemetery — DATE: 11/2/ 1933

19. UNDERTAKER (ADDRESS): H C Austin — Lowry City Mo

20. FILED: 11/2, 1933 — Leo S Wright, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/1/, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1933, to Nov 1, 1933

I last saw him alive on Nov 1, 1933. Death is said to have occurred on the date stated above, at 8 P.M.

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

	Date of onset
Cartin 2 months	
928	

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) I. C. S. Stratton, M. D.

(Address) Lowry City Mo.