MAY 25 1934

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

Do not use this space.

13812

1. PLACE OF DEATH
County Pettis
Township Smithton
City [illegible] (No. ..... St. ..... Ward)

Registration District No. 669
Primary Registration District No. H461

File No. .....
Registered No. 7

2. FULL NAME James W. Bybee
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 13-24

7. AGE: YEARS 10 | MONTHS 3 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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): Mammouth Springs Ark

FATHER
13. NAME: C. E. Bybee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cedar County Mo

MOTHER
15. MAIDEN NAME: Zira Atkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Summerville Mo

17. INFORMANT (ADDRESS): Mrs C. E. Bybee Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton Mo DATE 4-24-1934

19. UNDERTAKER (ADDRESS): A. F. Nenmeyer Smithton Mo

20. FILED 4-24 1934 Mrs J. L. Monsees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-10-33, 19..., to 4-23-34, 19...
I last saw him alive on 4-23-34, 19..... Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Inf.	
520 Maxillary Bone	

Other contributory causes of importance

Name of operation Mercy Hosp Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) E. C. Holden, M. D.
(Address) Smithton Mo

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.

WRITE PLAINLY, WITH UNFADING INK