

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

Do not use this space.

16432

1. PLACE OF DEATH

County Green
Township North Compell
City Springfield Mo. (No. R#11)

Registration District No. 318
Primary Registration District No. 5489

File No. 243
Registered No. _____
St. _____ Ward)

2. FULL NAME William J. O'Byrant

(a) Residence, No. Rural Route # 11 St. _____ Ward. _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 2 mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1934

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1934 to May 29, 1934 that I last saw deceased alive on May 28, 1934, and that death occurred, on the date stated above, at 6:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

THE CAUSE OF DEATH¹⁹ WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>1</u>	<u>18</u>	<u>18</u>	

Uræmia
Hypertrophy of heart
Causing complete retention
(duration) 4 yrs. _____ mos. _____ da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Senility
(duration) 2 yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) Republic
(STATE OR COUNTRY) Green County Mo.

18. WHERE WAS DISEASE CONTRACTED 21 191
IF NOT AT PLACE OF DEATH? 1930
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER George O'Byrant

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

WHAT TEST CONFIRMED DIAGNOSIS Walter Howell, M. D.
(Signed) _____, 19 _____ (Address) Springfield Mo.

12. MAIDEN NAME OF MOTHER Caroline Howard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) South Carolina
(STATE OR COUNTRY) _____

*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.

14. INFORMANT W. O. Bradley
(Address) 1613 S. Garrison East

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Phillips
DATE OF BURIAL June 1934

15. FILED 5-31-34 Walter Howell
REGISTRAR

20. UNDERTAKER Wilbur Maples
ADDRESS Clay Mo.

COPY OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be clearly documented and verified. The second section details the various methods used to collect and analyze data, highlighting the need for consistency and precision. The third part describes the results of the experiments, showing a clear trend in the data that supports the initial hypothesis. Finally, the document concludes with a summary of the findings and suggestions for further research.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Campbell
City Wm J. O'Bryant

Registration District No. 318
Primary Registration District No. 5439

File No. _____
Registered No. 243
St. _____ Ward _____

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 5 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 4 - 1858

7. AGE YEARS 76 MONTHS 1 DAYS 18 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) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

Robert Langston
Registrar

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. DEATH IN plain terms, so that it may be properly classified.

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