

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

Do not use this space.

17873

85

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Francois Registration District No. 772  
Township St. Francois Primary Registration District No. 4403  
City Elving No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs Mary Byers

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1885

7. AGE YEARS 49 MONTHS 3 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper  
9. Industry or business in which work was done, as saw mill, saw mill, bank, etc. Widow's help  
10. Date deceased last worked at this occupation (month and year) Nov 1924 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo.

FATHER 13. NAME Saylor Barton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Susan Bowser  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Chas Byers (ADDRESS) Elving Mo.

18. BURIAL, CREMATION, OR REMOVAL Wilson Cemetery DATE 5-19 19 \_\_\_\_\_

19. UNDERTAKER Caldwell Bros (ADDRESS) Flat River Mo.

20. FILED 5/28 19 34 Elving Mo. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19 \_\_\_\_\_

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:

Came to her death as result of an accident by being struck by moving train #1954 on the Mo. Ill R.R. at Elving Mo. died a few minutes after being struck Date of onset \_\_\_\_\_

Other contributory causes of importance: after being struck

Name of operation \_\_\_\_\_ 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? accident Date of injury May 17, 1934

Where did injury occur? Elving Mo. (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) Eleana Province (Address) Coroner St. Francois city Farmington Mo.

JUN 26 1934

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

[The main body of the document contains several paragraphs of text that are almost entirely illegible due to extreme blurriness and low contrast. Some faint words like "PROPERTY" and "CLASSIFIED" are visible in the header area.]

[A table with multiple columns and rows is located in the lower-left quadrant of the page. The content within the table is illegible.]

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

*may*  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Francois  
Township Greens  
City Greens (No. .... St. .... Ward)

Registration District No. 772  
Primary Registration District No. 4463

File No. ....  
Registered No. 85

**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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) (5-17-34)

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

22. I HEREBY CERTIFY, That I attended deceased from

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

19... to 19... 19... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

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:

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

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:

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

Name of operation... Date of...

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

What test confirmed diagnosis?... Was there an autopsy?...

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?... Date of injury... 19...

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS)

Manner of injury... Nature of injury...

20. FILED 5/28 1934 B. B. Farrer Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify...

(Signed) ... M. D. (Address) ...

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

U.S. DEATH in plain terms, so that it may be properly classified.

S-17873