

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

Do not use this space.

21362

1. PLACE OF DEATH

County Franklin Registration District No. 1124 File No. _____
 Township _____ Primary Registration District No. 1558 Registered No. _____
 City Franklin (No. _____) St. _____ Ward _____

2. FULL NAME George A. Bythe

(a) Residence, No. Franklin 1900 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eloise A. Bythe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 30, 1893</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>2</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>c</u>	
	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) <u>London Eng</u>		
FATHER	13. NAME <u>Do not know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eng</u>	
MOTHER	15. MAIDEN NAME <u>Do not know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eng</u>	
17. INFORMANT <u>Eloise A. Bythe</u> (ADDRESS) <u>Franklin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Franklin Mo</u> DATE <u>June 30, 1934</u>		
19. UNDERTAKER <u>Carl B. ...</u> (ADDRESS) <u>Franklin Mo</u>		
20. FILED <u>June 30, 1934</u> <u>W. B. ...</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 14, 1934 to June 28, 1934.
 I last saw him alive on June 28, 1934. Death is said to have occurred on the date stated above, at 2:15 p. m.
 The principal cause of death and related causes of importance were as follows:
Cancer stomach
 Date of onset _____

Other contributory causes of importance: 46

Name of operation _____ Date of _____
 What test confirmed diagnosis? By Rx 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) W. B. A. ... M. D.
 (Address) Franklin 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.

JUL 1934

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