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

Do not use this space.

SEP 15 1934

File No. 28597

Registered No.

1. PLACE OF DEATH
County Carter Registration District No. 143
Township Carter Primary Registration District No. 5205
City Van Buren (No. ..... St. ..... Ward)

2. FULL NAME Sara Virginia Byers

(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 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19-1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	22	3	2	

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. School Girl
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) Mattoon Ill.

FATHER
13. NAME Joseph Byers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazil Ind.

MOTHER
15. MAIDEN NAME Nella Salladay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brazil Ind.

17. INFORMANT Joseph Byers
(ADDRESS) Van Buren Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermitage Mo DATE 8-23 1934

19. UNDERTAKER W. C. Cruy
(ADDRESS) Van Buren Mo

20. FILED Aug. 23, 1934 J. N. Cotton
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934, to Aug. 15, 1934
I last saw her alive on Aug. 15, 1934 Death is said to have occurred on the date stated above, at 2:15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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. D. Rollins, M. D.
(Address) Winona 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—THIS IS A PERMANENT RECORD