

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.

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

Do not use this space.

NOV 19 1934

35396

1. PLACE OF DEATH

County Camden  
Township Russell  
City Macate Creek Mo

Registration District No. 120  
Primary Registration District No. 5-17-2

File No. \_\_\_\_\_  
Registered No. 13  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John David Byrnes

(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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>78</u>	<u>5</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) 1-2-30

11. Total time (years) spent in this occupation 1130

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo

13. NAME William Byrnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary Ellen Edson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) J. H. Curry Macke Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cemetery DATE Oct 15<sup>th</sup> 1934

19. UNDERTAKER (ADDRESS) S. D. Edson Macke Creek Mo

20. FILED 10-15-1934 D. T. Myers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from February 29<sup>th</sup> 1929 to Oct 14<sup>th</sup> 1934

I last saw him alive on Oct 7<sup>th</sup> 1934, 1934. Death is said to have occurred on the date stated above, at 9:50 A. M.

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

Chronic Interstitial Nephritis

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Other contributory causes of importance:

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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 \_\_\_\_\_, 1934

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) G. D. Myers, M. D.

(Address) Macke Creek Mo

